

**WLC
IN-PROCESSING INFORMATION SHEET**

Last Name:

First Name / MI:

SSN:

Unit Address:

Post / City:

State:

Zip Code:

Time in Service: yrs / mos

Time in Grade: yrs/ mos

Duty MOS:

Unit Phone:

Rank / Grade:

ETS Date:

DOB:
(dd/mm/yy)

Class No:

Student No.

Ethnic Group:

HS/GED:

Yrs of College:

Degree: Y / N

Promotable Y / N

Female: Y / N

Prior Student: Y / N

Profile: Y / N

Are you on Prescription Medication: Y / N

If so, what type:

ETHNIC CODES	
1 - Hisp-Span-Mex	
4 - Puerto Rican	
C- White, Cauc	
O - Asian-American	
P - African-American	
Q - Pacific Islands	
R - American-Indian	
X - Other -Unknown	

AFTB INFO:

Married: Single:

Spouse's Name:

Home Phone:

Mailing Address

No. of Children: Ages:

1SG Name:

1SG Phone No.:

CSM Name:

CSM Phone No.

Sponsor's Name:

Sponsor's Phone:

Alt Spons Name:

Alt Spons Phone:

CADRE USE ONLY:

TABE TEST RESULTS:

TABE Date:

TABE Reading:

TABE Language:

BODY FAT

Height:

Weight:

Body Fat %: