

## CANDIDATE INFORMATION WORKSHEET

(Revised 9/1/2022)

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force; powers, duties, and delegation, as implemented by AFMAN 36-2664, Air Force Military Personnel Testing System, Executive Order 9397 (SSN) and Executive Order 13478 (PII).

PURPOSE: Used to process and track Test of Basic Aviation Skills (TBAS) results.

ROUTINE USES: For use in Personnel Selection/Classification.

DISCLOSURE: Voluntary - Failure to provide SSN will result in disqualification for TBAS testing

AF SORN: F033 AF B, Privacy Act Request File, and F036 AF PC Q, Personnel Data Systems (PDS)

PLEASE COMPLETE THIS WORKSHEET BY ENTERING ALL APPROPRIATE INFORMATION  
\*\* READ AND FILL ALL BLOCKS IF LEFT BLANK WE WILL ASSUME IT IS NOT APPLICABLE \*\*

1. FIRST NAME: \_\_\_\_\_, MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_.

2. SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

3. SEX (M/F): \_\_\_\_\_. 4. DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_.

5. ETHNICITY: \_\_\_\_ HISPANIC OR LATINO \_\_\_\_ NOT HISPANIC OR LATINO

6. Race (Check all that apply)

\_\_\_\_ AMERICAN INDIAN OR ALASKA NATIVE \_\_\_\_\_ WHITE

\_\_\_\_ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER \_\_\_\_\_ ASIAN

\_\_\_\_ BLACK OR AFRICAN AMERICAN

7. FILL IN THE FOLLOWING ABOUT YOUR CURRENT RESIDENCE:

ZIP CODE \_\_\_\_\_ CITY, STATE \_\_\_\_\_.

8. CHECK THE ENTRY THAT REPRESENTS YOUR HIGHEST LEVEL OF EDUCATION OBTAINED:

\_\_\_\_ HIGH SCHOOL GRADUATE \_\_\_\_\_ 1 YEAR COLLEGE

\_\_\_\_ 2 YEARS COLLEGE \_\_\_\_\_ 3 YEARS COLLEGE

\_\_\_\_ UNDERGRADUATE DEGREE \_\_\_\_\_ MASTERS DEGREE

\_\_\_\_ DOCTORATE DEGREE

9. ENTER EDUCATION INFORMATION:

UNDERGRADUATE INSTITUTION: \_\_\_\_\_.

UNDERGRADUATE MAJOR: \_\_\_\_\_.

BASED ON A 4-POINT SCALE, ENTER YOUR CURRENT CUMULATIVE GRADE POINT AVERAGE TO TWO DECIMAL PLACES (E.G., 3.25). (NOTE TO PILOT/CSO/ABM CANDIDATES: YOU WILL BE ASKED TO SHOW THE TEST EXAMINER YOUR CURRENT TRANSCRIPTS.) \_\_\_\_\_.

10. CHECK THE ENTRY THAT INDICATES YOUR CURRENT STATUS

\_\_\_\_ AF ACADEMY CADET \_\_\_\_\_ ROTC CADET/APPLICANT

\_\_\_\_ OTS APPLICANT (ENLISTED) \_\_\_\_\_ OTS APPLICANT CIVILIAN

\_\_\_\_ ACTIVE DUTY OFFICER \_\_\_\_\_ ANG PILOT TRAINING APPLICANT

\_\_\_\_ AF RESERVE PILOT TRAINING APPLICANT \_\_\_\_\_ NONE OF THE ABOVE

11. CHECK THE ENTRY INDICATING YOUR COMMISSIONING SOURCE:

\_\_\_\_ AF ACADEMY \_\_\_\_ ROTC \_\_\_\_ OTS \_\_\_\_ OTHER

12. CHECK THE ENTRY INDICATING YOUR HIGHEST AERONAUTICAL RATING:

NONE  STUDENT PILOT'S LICENSE  
 PRIVATE PILOT'S LICENSE  COMMERCIAL RATING  
 AIRLINE TRANSPORT RATING

13. ENTER THE TOTAL NUMBER OF INSTRUCTIONAL, PILOT IN CHARGE AND **FAA APPROVED** BASIC/ADVANCED SIMULATOR FLYING HOURS YOU HAVE FLOWN AS A LICENSED AND/OR UNLICENSED PILOT. (NOTE TO PILOT/CSO/ABM CANDIDATES: YOU WILL NEED TO PROVIDE THE TEST EXAMINER YOUR PILOT LOGBOOK BEFORE TAKING THE TBAS TEST.)

ENTER THE TOTAL NUMBER OF (NON-SIMULATOR) HOURS \_\_\_\_\_.

ENTER THE TOTAL NUMBER OF (BASIC-SIMULATOR) HOURS \_\_\_\_\_.

ENTER THE TOTAL NUMBER OF (ADVANCED-SIMULATOR) HOURS \_\_\_\_\_.

14. CHECK THE ENTRY(S) REPRESENTING THE TYPE(S) OF AIRCRAFT IN WHICH THE FLYING HOURS YOU INDICATED IN QUESTION 13 WERE ACCUMULATED.

FIXED WING  ROTARY WING  SINGLE ENGINE  NOT APPLICABLE  
 MULTI ENGINE  RPA  OTHER  CERTIFIED FLIGHT INSTRUCTOR

15. AFOQT TEST LOCATION (OPTIONAL) \_\_\_\_\_.

16. EMAIL ADDRESS (OPTIONAL) \_\_\_\_\_.

17. HAVE YOU EVER TAKEN THE TBAS BEFORE? YES  NO  IF YES,

WAS THE TEST WITHIN THE LAST THREE (3) MONTHS? YES  NO  IF YES,

IF YOU ANSWERED YES TO EITHER QUESTION INFORM THE TEST EXAMINER IF NO PROCEED.

18. DO YOU UNDERSTAND THE TBAS CAN ONLY BE TAKEN THREE TIMES IN YOUR LIFETIME?

YES  NO  IF YOU ANSWERED NO CONTACT THE TEST EXAMINER IF YES CONTINUE.

TO THE BEST OF MY KNOWLEDGE, I AM PHYSICALLY AND EMOTIONALLY FIT TO TAKE THE TEST OF BASIC AVIATION SKILLS TEST BATTERY TODAY.

I UNDERSTAND TWO RETESTS OF TBAS ARE ALLOWED ONE AFTER 90 DAYS FROM THE ORIGINAL TEST AND ONE AFTER 90 DAYS FROM THE FIRST RETEST HAVE PASSED. I AM NOT AWARE OF ANY PHYSICAL OR MENTAL CONDITION (i.e., PERSONAL STRESSES, SICKNESS, LACK OF SLEEP, ETC) WHICH WILL NEGATIVELY IMPACT MY ABILITY TO PERFORM UP TO MY ABILITY ON THE TBAS.

I VERIFY THAT THE INFORMATION ON THIS CANDIDATE INFORMATION WORKSHEET IS CORRECT. I UNDERSTAND THAT FALSIFICATION OF ANY OF THE INFORMATION ON THIS WORKSHEET WILL RESULT IN MY DISQUALIFICATION FROM CONSIDERATION FOR AIR FORCE PILOT TRAINING.

I UNDERSTAND THAT DISCUSSING THE CONTENTS OF THIS TEST WITH ANYONE OTHER THAN THE TEST ADMINISTRATOR WILL RESULT IN MY DISQUALIFICATION FROM CONSIDERATION FOR AIR FORCE PILOT TRAINING. FURTHER, I UNDERSTAND DISCUSSION OR DISCLOSURE OF CONTROLLED TEST MATERIAL IS A VIOLATION OF ARTICLE 92, UCMJ, PUNISHABLE BY UP TO 2 YEARS HARD LABOR AND A DISHONORABLE DISCHARGE.

**CANDIDATE'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_