



Pennsylvania State Defense Force
HQ 18th Regiment

469 South 16th Street Easton PA 18042

DATE OF APPLICATION _____

LAST NAME - FIRST NAME - MIDDLE NAME _____

DATE OF BIRTH _____ SEX _____ BLOOD TYPE _____

COLOR HAIR/EYES _____ / _____ HEIGHT _____ WEIGHT _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____ RELIGIOUS PREFERENCE (optional) _____

CITIZENSHIP STATUS _____ If Naturalized (date, Place, Court) _____

NATURALIZATION NUMBER _____ Residency Number: _____

MARITAL STATUS _____ SPOUSE NAME _____

CIVILIAN OCCUPATION _____ TOTAL YEARS EXPERIENCE _____

CIVILIAN EDUCATION (Indicate highest level completed MAJOR SUBJECT DEGREE (s) -- Submit copies of all education along with this application
HIGH SCHOOL _____ TECHNICAL/COLLEGE _____

RIOR MILITARY SERVICE (Federal, State, State Guard/Defense Force) Attach a copy of DD Form 214, NGB 22 or equivalent
FROM TO BRANCH OF SERVICE TYPE DISCHARGE RANK/GRADE _____

Have you ever been convicted of a crime YES _____, NO _____, Have you ever been or are you a member of a Militia YES _____, NO _____

If yes, list the date and nature of each alleged offense or violation (attached documents that are applicable and for information that may not fit in the below available space) If yes to Militia Membership list organization below.

STATEMENT FOR PROSPECTIVE MEMBERS _____ Online Background Check date: _____

I understand that if I secure an Appointment/Enlistment by means of a false statement, or false documentation I will be immediately discharged from the PA State Defense Force

Print Name _____

PRIVACY ACT STATEMENT

I realize that the purpose of disclosing the above information is to insure acceptance of Appointment/Enlistment in the Pennsylvania State Defense Force All information provided shall be keep confidential.
CERTIFICATION

I certify that the information contained herein is true to the best of my knowledge.

Signature _____ Date _____ Parent/Guardian Signature: _____ Date _____

PASDF USE ONLY: Approved _____ Denied _____ Date: _____ Authorized Signature: _____