ENLISTMENT / REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331; 32 USC 708; 44 USC 708, and 3101, 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Orders 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel file. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate enlistment/reenlistment application.

A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

1. NAME *(Last, First, Middle)* ** ENTER FULL NAME **	2. SOCIAL SECURITY NUMBER ** SSN **
3. HOME OF RECORD *(Street, City, State, ZIP code)* ** STREET ADDRESS ** ** CITY **, ST ** ZIP **	4. PLACE OF ENLISTMENT/REENLISTMENT *(Mil. Installation, City, State)* ** UNIT OR PLACE OF REENLISTMENT ** ** CITY **, ST ** ZIP **

5. DATE OF ENLISTMENT/ REENLISTMENT (YYYYMMDD)	6. DATE OF BIRTH *(YYYYMMDD)*	7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
		a. TOTAL ACTIVE MILITARY SERVICE			
* DATE *	* DOB *	b. TOTAL INACTIVE MILITARY SERVICE			

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States *(list branch of service)* ARMY RESERVE this date for INDEFINITE years and _____ weeks beginning in pay grade _____ .
The additional details of my enlistment/ reenlistment are in Section C and Annex (es)
_____ .

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP) :

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by *(list date (YYYYMMDD))* _____ for enlistment in the Regular component of the United States *(list branch of service)* _____ for not less than _____ years and _____ weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is **NOT** creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current and qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. REMARKS: *(If none, so state.)*

INDEF REENL (AGR/INITIAL TOUR) IAW AR 140-111, CHAP 8. I UNDERSTAND THAT MY REENLISTMENT IS FOR AN INDEFINITE PERIOD OF TIME, HOWEVER, MY INITIAL AGR TOUR IS FOR A PROBATIONARY PERIOD OF 3 YEARS, MY PROBATIONARY PERIOD ON MY INITIAL AGR TOUR ENDS . AFTER MY PROBATIONARY PERIOD, AND PROVIDED I MEET THE REQUIREMENTS OF TABLE 2-4, AR 135-18, I WILL BE ALLOWED TO CONTINUE IN AN AGR STATUS, UNTIL THE RETENTION CONTROL POINT (RCP) FOR MY CURRENT GRADE, OR MAXIMUM AGE, WHICHEVER COMES FIRST. THE RETENTION CONTROL POINT FOR MY CURRENT GRADE, OR MAXIMUM AGE, WHICHEVER COMES FIRST IS . I FURTHER UNDERSTAND THAT IF I AM SELECTED FOR PROMOTION/PROMOTED, REDUCED IN RANK OR BECOME INELIGIBLE FOR CONTINUED SERVICE THEN I MAY BE FURTHER RETAINED OR SEPARATED IAW APPROPRIATE POLICIES IN EFFECT AT THE TIME AS PRESCRIBED BY THE SECRETARY OF THE ARMY OR APPLICABLE LAW.

INITIALS_____. **AGR Reenlistment Control Number: ** Control # fm HRC ****

c. The agreements in this section and attached annex (es) are all the promises made to me by the Government.
ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee) _____ *(Continued on reverse side.)*

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES: Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment / reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. **FOR ALL ENLISTEES**: If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by the Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a memberof the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) in time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty as prescribed by law, if I am a member of the Selected Reserve.

11. FOR ENLISTEES / REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GOARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE/REENLISTEE *(Last, First, Middle)*	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE
** ENTER FULL NAME **	** SSN **

D. CERTIFICATION OF ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX (ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: *(If none, X "NONE" and initial.)* ☐ **NONE** _____ ***(Initials of enlistee/reenlistee)***

b. SIGNATURE OF ENLISTEE/REENLISTEE	c. DATE SIGNED *(YYYYMMDD)*
	* DATE *

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States *(list branch of service)* ARMY RESERVE

I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME *(Last, First, Middle)*	c. PAY GRADE	d. UNIT/COMMAND NAME
** ENTER FULL NAME **	*GRD*	** UNIT NAME **
e. SIGNATURE	**f. DATE SIGNED** *(YYYYMMDD)*	**g. UNIT COMMAND ADDRESS** *(City, State, ZIP Code)*
	* DATE *	** CITY **, ST ** ZIP **

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I ** FIRST NAME ** ** FULL MIDDLE NAME ** ** LAST , do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____, _____ in the _____ National Guard as a Reserve of the United States *(list branch of service)* _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18.a. SIGNATURE OF ENLISTEE/REENLISTEE	b. DATE SIGNED *(YYYYMMDD)*
	* DATE *

19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME *(Last, First, Middle)*	c. PAY GRADE	d. UNIT/COMMAND NAME
** ENTER FULL NAME **	*GRD*	** UNIT NAME **
e. SIGNATURE	**f. DATE SIGNED** *(YYYYMMDD)*	**g. UNIT/COMMAND ADDRESS** *(City, State, ZIP Code)*
	* DATE *	** CITY **, ST ** ZIP **