



MINNESOTA ARMY NATIONAL GUARD

34 ECAB Aviator Selection Application

APPLICATION DEADLINE: 03SEP2024

INSTRUCTIONS

1. This application will be used to establish your eligibility to board for an aviator position within the 34 ECAB. It is imperative that you answer all questions accurately and truthfully. Some responses may not be disqualifying but may require more research or documentation. Disclosure of personal information is voluntary, but failure to provide accurate and truthful information could result in your application not being processed. This application will only be available to the chain of command, the appointed board panel, BDE S1 section and BDE medical personnel. If you are unable to provide certain data due to your time-in-service, an MFR is required for each item explaining the circumstances.

2. Lying or providing false information will result in permanent disqualification from applying for an aviator position within the MNARNG.

3. Do not leave any questions unanswered. Use all the space provided as needed.

4. Once complete, submit all documents as **one attachment** in an email to:
ng.mn.mnarng.mbx.34th-ecab-flight-school@army.mil

5. Use this naming convention in the subject line of your email:

LastName_FirstName_AV_APP_20230401

Example: Smith_Bob_AV_APP_20230401

6. An email reply will be sent to inform you of the receipt of your application.

7. Points of Contact (**DO NOT SEND YOUR APPLICATION TO THE POCs**):

34 ECAB Schools NCO:

SFC Aaron Jacobsen at 651-268-8634, or aaron.j.jacobsen2.mil@army.mil.

34 ECAB S1:

WO1 Kimberly Harrsch at 651-282-4499, or kimberly.d.harrsch.mil@army.mil.

34 ECAB MED:

SFC Jaden Jeffries at 651-282-4135, or jaden.j.jeffries.mil@army.mil.

BIOGRAPHICAL DATA

1. Name (Last, First MI):
2. DoDID: 2a. GT Score (must be 110 or higher):
3. Home Address:
4. Phone Number:
5. MIL Email:
6. CIV Email:
7. DOB:
8. Current Age:
9. Marital Status: 9a. Do you require a family care plan?
10. Rank:
11. Years of Service:
12. Years Active Federal Service:
13. Deployment History (Location and Years):
14. Current MOS:
15. Previous MOS (List All):
16. Current Unit Assignment and UIC:
17. Unit Address:
18. Unit POC Rank and Name:
19. Unit POC Phone:

20. Unit POC Email:

21. Status (M-Day, AGR, TECH, ADOS):

22. Prior Service History (Branch, MOS, years, location):

23. Highest Level of Civilian Education:

24. Enrolled in Post-Secondary Education:

25. Location (School, City, State):

26. Major, or Focus:

27. Minor:

28. Credits Completed:

29. Rank your airframe preference 1-3: (Note: Preferences are taken into consideration, but airframe assignments are based on the needs of the 34TH Combat Aviation Brigade.)

Briefly explain the order in which you selected your preferred airframe.

UH-60M

UH-60V (MEDEVAC)

CH-47F

30. Are you applying to become a commissioned officer, or a warrant officer?

MEDICAL DATA

1. Have you been diagnosed with any pre-existing or current injuries or conditions, not previously disclosed to the military?
2. In your lifetime, have you ever been hospitalized?
3. In your lifetime, have you ever been treated by a behavioral health (BH) professional; diagnosed with a BH condition; or prescribed medication for a BH condition?
4. Are you currently taking any prescription medications?

*****Do not disclose any medical information on this application. If you answered YES to any of the questions above, contact SFC Jeffries to discuss your medical history. *****

LEGAL DATA:

1. Are you a U.S. citizen?
2. Have you ever had any charges filed against you involving alcohol, illegal or controlled substances?

Explain.

4. Have you ever been charged with a felony offense?

Explain.

5. Have you ever had any other charges filed against you?

Explain.

6. Are there any charges currently pending against you?

Explain.

7. Do you currently have a security clearance?

Level:

Expiration Date:

8. Has your security clearance ever been suspended or revoked?

Explain.

ADDITIONAL INFORMATION:

1. If selected, where do you see yourself in 5 years?

2. How long do you plan on serving in the MNARNG?

3. If selected to attend as a warrant officer, what track would you request to be considered for?

4. How did you learn about the 34 ECAB Aviator Selection Board?

5. Any additional information that you would like to share with the selection board.

REQUIRED DOCUMENTS (INITIAL EACH BLOCK):

- ___ 1. Aviator Application.
- ___ 2. At least three letters of recommendation.
- ___ 3. Minimum 250-word essay titled "Why I Want to be an Army Aviator".
- ___ 4. Military Biographical Sketch (see template example).
- ___ 5. Civilian Resume with three non-family references.
- ___ 6. Security Clearance verification memo from your security manager.
- ___ 7. Copy of line scores from your ASVAB.
- ___ 8. APFT, ACFT and Height-Weight history printed from DTMS.
- ___ 9. Last three OERs or NCOERs
- ___ 10. Current validated Soldier Record Brief or Cadet Record Brief.
- ___ 11. All DD-214s, NGB-22s or DD-220s.
- ___ 12. Current RPAM.
- ___ 13. SIFT Score.
- ___ 14. College Transcripts (Commissioned Officers Only).
- ___ 15. ROTC Camp Evaluations.

READ AND SIGN BELOW

By signing this application, I understand the following:

1. There may be factors that could possibly disqualify me from being boarded or considered for an aviator position within the 34 ECAB.
2. If selected, I may not have a choice in my assigned airframe and unit.
3. If selected, I may not have my choice of school dates.
4. Upon successful completion and graduation from flight school, I will incur a 10-year mandatory service obligation.
5. If not selected for this year, I may be placed on an order of merit list for the next year.

Typed Name (Last, First MI)

Digital Signature

Date