

SELRES Personnel Data Collection Form

(PLEASE PRINT)

Duty Type: _____
(Specify: AT, ADT, IDTT, or Flex Drill)

Reserve Center: _____

Last Name: _____

First Name: _____

SS#: _____ Date of Birth: _____

Male or Female: _____ Ethnic Group: _____ Blood Type: _____

E-mail Address: _____

Home Phone #: _____ Cell Phone #: _____

Home Address: _____

Street

City

State

Zip

Civilian Job Title: _____ BLS Exp. Date: _____

Professional License(s) & Expiration(s): _____

Martial Status (Circle One):

Single

Single w/Dependents

Married

Married w/Dependents

Married to Mil Mbr

Married to Mil Mbr w/Depend

Department Assigned to Support: _____

Start Date: _____ End Date: _____

OFFICERS:

Rank: _____ DOR: _____ Designator: _____

*NOBC: _____ **SSP Code: _____

*** Physician AQD: _____

ENLISTED

Rate: _____ DOR: _____ **** Primary NEC: _____

*NOBC = Navy Officer Billet Code
** SSP Code – Officers Subspecialty Code
***AQD – Additional Qualifying Data
****NEC – Navy Enlisted Classification Code