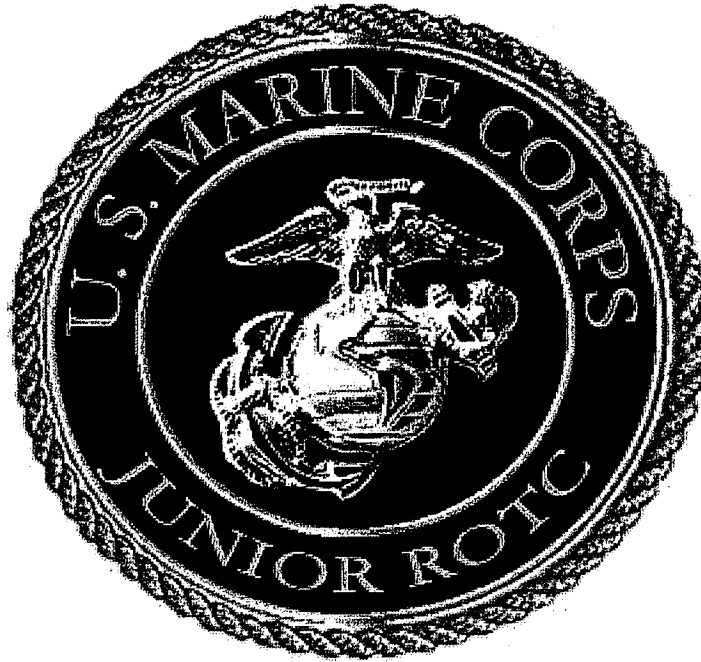


Marine Corps Junior ROTC Program  
Instructor Application



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APPLICATION FOR CERTIFICATION AS A JROTC INSTRUCTOR

Applicant Instructions

Complete each item of the application. A thorough response to each item is required. The photograph provided in Section III must be current, and your signature will certify the accuracy of the statement of height and weight directly thereafter.

Under the provisions of Public Law 93-579 (Privacy Act of 1974) the following information is furnished. The basis for requesting information on this form is Title 10, U.S. Code, Section 301 and Executive Order 9367 of 22 November 1943, which authorizes the use of your social security number. This form will be used as a resume and as a basis to determine qualifications for certification in the MCJROTC Program. In addition, it may be used to maintain information previously provided by comparing matching programs. Copies of this application will be provided to each Marine Corps district to maintain in the MCJROTC files at district headquarters. Additionally, upon application for a specific billet vacancy in a MCJROTC Unit, a copy of this application will be provided to school officials who are responsible for the hiring of MCJROTC Instructors.

Your social security number is used for purposes of individual identification. Providing this information is voluntary on your part; failure to submit this information will preclude certification and application for a position as a MCJROTC instructor.

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APPLICANT SIGNATURE AND DATE

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# MCJROTC Instructor Application

## Section I – Background Information

NAME: (Last, First, Middle) \_\_\_\_\_  
RANK / GRADE \_\_\_\_\_ / \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
CURRENTLY (check one): ACTIVE DUTY \_\_\_\_\_ RETIRED \_\_\_\_\_  
RETIREMENT DATE \_\_\_\_\_ SOCIAL SECURITY NO / MOS \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ - \_\_\_\_\_  
PRIMARY CONTACT PHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 2<sup>ND</sup># (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
HOME EMAIL ADDRESS \_\_\_\_\_  
PERMANENT ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ - \_\_\_\_\_  
Education Level: GED \_\_\_\_\_ HS Diploma \_\_\_\_\_ Associate's \_\_\_\_\_ Bachelor's \_\_\_\_\_ Bachelor's + 15 \_\_\_\_\_  
Master's \_\_\_\_\_ Master's + 15 \_\_\_\_\_ Master's + 30 \_\_\_\_\_ Doctorate \_\_\_\_\_  
Major: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Last Attended: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ If married, are you currently living with your Dependents? (Y / N) \_\_\_\_\_  
If Divorced, do you have Primary Custody?(Y / N) \_\_\_\_\_: If shared custody, do you pay "Court  
Ordered" child support? (Y / N) \_\_\_\_\_: (If Yes, provide copy of court ordered payment  
agreement): Monthly Child support paid: \$ \_\_\_\_\_  
SPOUSE F/NAME \_\_\_\_\_ ACTIVE DUTY (ACDU) SPOUSE? (Y / N) \_\_\_\_\_  
ACDU SPOUSE SSN / BRANCH: \_\_\_\_\_ / \_\_\_\_\_ # OF CHILDREN \_\_\_\_\_  
Child F/Name & DOB yyyyymmdd: \_\_\_\_\_ \*Code: \_\_\_\_\_  
Child F/Name & DOB yyyyymmdd: \_\_\_\_\_ \*Code: \_\_\_\_\_  
Child F/Name & DOB yyyyymmdd: \_\_\_\_\_ \*Code: \_\_\_\_\_  
Child F/Name & DOB yyyyymmdd: \_\_\_\_\_ \*Code: \_\_\_\_\_  
\*\*(Other) Full Name & DOB: \_\_\_\_\_ \*\*Code: \_\_\_\_\_  
\*Child Codes: (LS) Legitimate Son, (LD) Legitimate Daughter, (AS) Adopted Son, (AD)  
Adopted Daughter, (SS) Stepson, (SD) Stepdaughter.  
\*\*(Other) Codes: Complete this line only if currently drawing BAH for support of Parent (P), or  
Sibling (S).

STATE(S) DESIRED: \_\_\_\_\_ JAPAN? (Y / N) \_\_\_\_\_  
SPECIFIC SCHOOL REQUEST(S) \_\_\_\_\_  
LANGUAGE QUALIFICATIONS \_\_\_\_\_

DISABILITIES: \_\_\_\_\_

If you have changes of address, telephone, or preference of location, please advise the  
Commanding General, Training & Education Command (C 46JR), MCCDC, 1019 Elliot Road,  
Quantico, VA 22134-5001, telephone (703) 784-3705 or DSN 278-3705, FAX - 4050.  
(REVISED APR 07 - PREVIOUS EDITION WILL NOT BE USED)







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Section II – Essay Section

Complete each of the following essay questions below.

1. Complete an autobiographical sketch of not more than 500 words. Do not provide a chronological summary of duty assignments.

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2. In your own words, state why you desire to be an SMI or MI.

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3. Describe the qualifications you possess that will enable you to successfully accomplish the duties of an SMI or MI.

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4. Provide a narrative description of your participation in civic activities, community service organizations, and youth activities relating to this application.

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5. Describe your present state of health and physical condition (physical deficiencies or physical challenges).

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Section III - MCJROTC Official photograph

(Attached a Service "C" photograph without cover)

DATE OF PICTURE \_\_\_\_\_ (IN UNIFORM)

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BODY FAT % \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

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Section IV – Letter of Recommendation

INSTRUCTIONS

1. FOR APPLICANT. Deliver this form to your current reporting senior for completion of a letter of recommendation. Return the letter of recommendation with the remainder of the application to:

COMMANDING GENERAL  
TRNG & EDUC COM C 46JR  
MCCDC  
1019 ELLIOT ROAD  
QUANTICO VA 22134-5001

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FOR COMPLETION BY REPORTING SENIOR OR PROFESSIONAL PROVIDING A  
LETTER OF RECOMMENDATION

1. Provide on the reverse of this form your estimate of this Marine's ability to perform as an instructor with the Marine Corps Junior Reserve Officers' Training Corps Program with particular emphasis on the following traits: integrity, moral character, ethics, ability to teach, ability to relate to/deal with civilians, knowledge of general military subjects, and ability to inspire and lead.

2. Provide any other evaluative comments you feel may be useful to the selection board considering the Marine's application for duty with the MCJROTC Program.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
GRADE BILLET (IF ACTIVE DUTY)

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
CONTACT TELEPHONE #

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## Section V – Certification Information Required

### APPLICANT'S RESPONSIBILITY

1. Application.
  - a) Official photograph (MCO P1070.12 IRAM)
  - b) Letter of recommendation from reporting senior.
  
2. Copy of Sailor Marine ACE Registry Transcript (SMART) and/or Unofficial College Transcripts. The SMART is an official record of a Marine's military and academic education. It is validated by the American Council on Education (ACE) which assists service members in obtaining college credit for their military experience. Marine Corps JROTC requires applicants to submit their SMART transcript in order to identify academic credits. It can be found on the web at: <https://smart.navy.mil>.
  
3. Copies of the Master Brief Sheet (MBS) covering entire career. The MBS is found on the OMPF cdrom (See #4 below), in the folder titled "Performance".
  
4. Official Military Personnel File (OMPF) in cdrom disc format. Marines submitting a written or faxed request for their OMPF must provide their full name, SSN, mailing address, signature and a specific request for their "Complete OMPF to include the MBS". The mailing address and fax telephone number is:

Mailing Address

Commandant of the Marine Corps (MMSB-10)  
Headquarters U.S. Marine Corps  
2008 Elliot Road  
Quantico, VA 22134-5030

Fax Telephone Number

(703)784-5792, DSN 278-5792

Telephonic requests for the OMPF will not be taken. Further guidance can be heard by calling (800) 268-3710, or for information on how to submit an electronic email request (only from a .mil address), visit the M&RA website at: <https://www.mmsb.usmc.mil>.

5. Divorced Personnel must include a copy of their divorce decree, and other court documentation indicating custody arrangements and current level of court ordered child support being paid (if any).