

APPLE-MDT

Prospect Sheet

RECRUITER: _____ DATE: _____

NAME OF PROSPECT: _____
First Middle Last Suffix

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE#: _____ ALTERNATE PHONE#: _____

SSN: _____ LEAD SOURCE: _____ E-MAIL: _____

A	AGE/CITIZENSHIP		Race: White Black Other: _____	
	Date of Birth: _____ Age: _____		Gender: Male Female	
P	Place of Birth: _____		Eye Color: _____ Hair Color: _____	
	City	County	State	
P	PHYSICAL/MENTAL CONDITION			
	Height: _____ Weight: _____ Medications: _____			
P	Contacts/Glasses / Asthma / Surgeries / Any Scars / Broken Bones / Drugs / Allergies / Disabilities			
	Ever been in counseling or seen a Psychiatrist? Yes No Reason: _____			
L	PRIOR SERVICE If "No": Ever Take ASVAB? No Yes Date: _____ Branch: _____ HS: _____			
	If "Yes": Branch of Service: None USA USMC USN ASAF USCG USAR ARNG State _____			
E	Date Entered: _____ Date discharged: _____ Rank: _____ MOS: _____			
	Type of Discharge/RE Code: _____ SPD Code: _____ Narrative: _____			
L	LAW VIOLATIONS Yes None			
	# of Offenses: _____ Type of Offense: _____ Disposition: _____			
E	All Fines Paid? _____ Ever been on Probation/Diversion? _____ Mother's Maiden Name _____			
	Driver's License#: _____ Expires: _____ State: _____ NA/No License			
E	EDUCATION			
	HSJR HSSR HSDG GED Year Graduated: _____ HS Graduated/Attending: _____			
M	College: _____ Credit Hrs: _____ Sem Qtr JRROTC Eagle Scout			
	Future Plans/Interests? _____			
M	MARITAL STATUS		ASVAB TESTING	
	Married Single Divorced		Date Tested: _____ AFQT: _____ Version: _____ MET Site _____	
D	Line Scores: _____		GT GM EL CL MM SC CO FA OF ST	
	DEPENDANTS		CONTACTS	
T	Number of Dependents: _____		Date: _____ Outcome: _____	
	Custody of Children: _____		Date: _____ Outcome: _____	
T	Mothers Maiden Name: _____			
	TATTOOS			
T	Tattoos/Brands: Yes No Location: _____ Description _____			
	Piercings/Gauges: Yes No Location: _____ Description/Size _____			
T	Other Body Modifications (i.e. subdermal implants) Yes No Description _____			