Excepted Technician OccHealth Exam Required Demographic Information Template

Personal Information

Today's Date:
(e.g. dd/mm/yyyy)

SSN:

First Name:

Last Name:

DOB:
(e.g. dd/mm/yyyy)

Gender:
(e.g. M or F)

Home Address:

City:

State:
(e.g. VA)

Zip:
(5 digit)

Home Phone:
(only numeric)

Alternate/Cell Phone:
(only numeric)

Email:
(.mil / .gov only)

Personal Email:

Is the above information correct contact information for scheduling services, if not, please enter appropriate scheduling contact information below?

Contact Information

Home Address: [   ]

City: [   ]

State: [   ]
(e.g. VA)

Zip: [   ]
(5 digit)

Contact Phone: [   ]
(only numeric)

Alternate/Cell Phone: [   ]
(only numeric)

Contact Email: [   ]
(.mil / .gov only)

Current Fulltime Military/Gov Employment Status

Pay Plan: [   ]
(e.g. Wage Grade)

Occ Code: [   ]
(e.g. 0007/ Correctional Officer)

Duty Title Description: [   ]
(e.g. Correctional Officer)

Current Fulltime Military/Gov Address

UIC: [   ]
(6 Characters, starts with 'W')

Agency Address: [   ]

City: [   ]

State: [   ]
(e.g. VA)

Zip: [   ]
(5 digit)

Supervisor Name: [   ]

Supervisor Work Phone: [   ]
(No DSN)

Supervisor Email: [   ]
(.mil / .gov only)

Current Military/Unit Employment Status

Please fill in one: **Title 10** ○   **Title 32** ○

Rank:
(e.g. Private) [   ]

MOS:
(e.g. 13F) [   ]

Actual Title: [   ]

Current Military/Unit Agency Address

UIC:
(6 Characters, starts with 'W') [   ]

Agency Address: [   ]

City: [   ]

State:
(e.g. VA) [   ]

Zip:
(5 digit) [   ]

Work Phone:
(only numeric) [   ]

Preferred Exam Location

City: [   ]

State:
(e.g. VA) [   ]

Zip:
(5 digit) [   ]