

1ST CAVALRY MILITIA FOR THE NEW AMERICA QUESTIONNAIRE



1st CAVALRY MILITIA – CANDIDATE QUESTIONNAIRE

DATE: _____
(Day) (Month) (Year)

FROM: _____
(Last Name) (First Name) (Middle Name)

FOR: enlist@1stcavalrymilitia.org. (E-mail to the above address when this form has been fully completed).

This form is a questionnaire to assess any skills, prior history, and knowledge you may have to determine your ability to join the 1st Cavalry Militia. Be advised that all memberships are free until 1 January 2014. Should your questionnaire be found invalid, forged, falsified, or grossly incorrect it will be destroyed and irretrievable. The purpose of soliciting the SSN is for positive identification by your state and others to perform a background check. Should your questionnaire be considered valid, this form shall become a part of the Service's Enlisted/Officer Master File and Field Personnel File. All uses of the form are internal to the relevant Service. Any failure to furnish personal identification information may negate the enlistment/reenlistment/appointment application. This application does not guarantee membership.

* If there is not enough space for these fields, please attach a separate form with the corresponding alpha-numeric title. (Ex. 2. a. Your Text).

1. Under the authority of the 1st Cavalry Militia, I, _____, am applying for entry into the Squadron of the State of _____.
2. In connection with the application, I voluntarily submit the following information, which I certify to be correct to the best of my knowledge and belief.

a. Home Address: _____
(# & Street) (Town/City)

(Zip Code) (Phone Number) (County)

b. Best time to be contacted: _____

c. Mailing Address (if different then above): _____
(Address)

(Town/City) (Zip) (County)

d. E-mail address: _____

e. Present Occupation: _____
Years at current occupation: _____. If less than 5 years, please attach a separate form detailing the last 5 years of Employment.

f. Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widow/Widower _____

g. Date of Birth (dd month yyyy): _____ Age: ____ Applicants must be between 18/65 years old.

h. What state are you a citizen of? _____

i. Membership In professional societies: _____

j. Are you now a member of the Army, Navy, Air Force, Coast Guard, National Guard, Reserve, Civil Air Patrol, or State Defense Force of this or another State; in an active or inactive status?

Yes____ No____ If yes, explain:

k. Is your service obligation completed? Yes____ No____ If no, when will it be complete

l. Have you ever been rejected for military service? Yes____ No____ If yes, state when, and reason rejected:

m. Have you served in a constitutional citizens' militia? Yes____ No____ If yes, state name of previous militia and that unit's operational area (county and/or state):

If yes to the above question, are you currently a member? ____ Yes ____ No If yes give details:

n. Have you ever been court-martialed? Yes____ No____ If yes, give details (date, place, charge, & details):

o. To the best of your knowledge and belief, regarding your physical and mental health, are you now sound and well? Yes____ No____ If no, give details:

p. Have you ever been arrested and convicted for other than minor traffic violations? Yes____ No____ If yes, give details:

q. Have you ever been treated for alcoholism? Yes____ No____ If yes, give details:

r. Have you ever used cocaine, heroin, morphine, or other illegal substances, or have a mental illness that requires professional medical treatment? Yes____ No____ If yes, give details:

u. Education: Attach copies of supporting documents if desired or list courses on a separate sheet if necessary.

(1) Civilian: Name of School # of Years Attended Graduated: Yes / No

(2) Military: Name of School Location Date

v. Record of Military Service. Attach a legible copy of DD Form 214, NGB Form 22, Reserve Release Order, to show proof of each period of service indicated. Other documents from military service may be included. Chronological record of military service (Army, Navy, Air Force, Marine Corps, Coast Guard, [Reserve] National Guard, State Guard Reserve, State Defense Force of another state, etc.)

Dates (Month & Year)	From	To	Grade	Organization	Duty Performed
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3. Medical History:

a. Medical Conditions:

b. Medications:

c. Allergies:

[Applicant assumes sole responsibility and liability for medical emergencies arising from participation in activity.]

4. Remarks - Attach any other information you may desire to submit on a separate page.

5. The following documents are attached (Check each that apply):

1. *Copy of a Concealed/Carry Permit, application of renewal, or other certified proof of no felony conviction.
2. **Proof of Service (ex. DD Form 214, Reserve Release Orders, NGB Form 22, etc. [Mandatory for Officer Candidates])
3. **Copy of Degree, Transcripts, or Professional credentials.
4. Ecclesiastical Endorsement or letters of reference.

5. Personal Resume.
6. ***Personal Photograph (Passport type) for ID Card.
7. ***Drivers License (**THIS IS MANDATORY**[Scanned front and back])

* This allows us to forgo any background check later. If this is not sent you **will be required to pay for a background check** under the cost of your county or state if you cannot submit any item that proves you do not have any prior felonies.

** This allows us to assign grade and rank for you.

*** This allows us to confirm who you are, and possibly make an ID card for you.

6. Proclamations.

a. I understand that membership into the 1st Cavalry Militia For The New America, a non-government organization, does not entitle me to the use of federal facilities, any federal benefits at any U.S. Military Installation, or any special permissions. I also understand that I am not exempt from any state or federal laws that presently exist.

b. I am not now nor have ever been a member of, or associated with, any racist group or subversive association that espouses the violent and unlawful overthrow of these United States; or the subversion of your state, another state, or Federal Constitutions, including but not limited to communist / socialist front groups; New Black Panthers, Aryan Nations, Ku Klux Klan, Communist Party USA, Committees on Foreign Relations, or the United Nations Association of America.

c. I understand I must exercise firearms safety & security at all times as an active member of the 1st Cavalry Militia, and that I shall never bring discredit upon the organization through negligence or unlawful activity.

d. I have never been convicted of a felony crime, and that I do not have any felony charges currently pending.

e. I affirm that the above is true and correct to the best of my knowledge & belief, and I understand that any fraudulent statement, willful misrepresentation or concealment, as to qualification for Appointment or Enlistment in the 1st Cavalry Militia shall make me liable to have appropriate action taken against me for fraudulent entry, and may result in immediate administrative discharge.

f. My state may or may not currently have anti-militia or paramilitary laws that may restrict my actions as a member in the 1st Cavalry Militia. It is under the sole discretion of my commander, whom shall adhere to state, federal, and militia (internal and external) laws, what training, actions, education, information, or display of the militia I shall exhibit by means of a Militia Manual or by Squadron Standards.

g. **NON-DISCLOSURE AGREEMENT** - I understand that by signing below, any information I may obtain while in service with the 1st Cavalry Militia shall be kept confidential and not be shared outside of the 1st Cavalry Militia unless otherwise instructed that it is such information with the following persons/agencies: Federal Agents/Agencies, Military Personnel, Law Enforcement, Paramedics (to include Fire/Rescue), Clandestine Agents/Agencies, other Militia personnel/Corps, any person(s) not in the 1st Cavalry Militia For The New America, state/federal employees, known/unknown civilians/persons, and/or minors/juveniles. The list of persons/agencies that I may discuss militia affairs with may change at any time and it is my task to ascertain any new information of this affair. Failure to adhere to this non-disclosure shall be punishable under state or federal law, whichever may be used.

(Signature of Applicant)

(Date Signed)

Information submitted on or with this form is voluntary and will be kept confidential.

ENDORSEMENT - 1

To be completed by: Recruiting Adjutant or Command Staff

- I have personally interviewed the applicant and explained the Mission(s) of the Indiana Militia Corps. Yes [] No []
- I have reviewed this application for Appointment [], Enlistment [] & recommend: Approval [], Disapproval []
- Request Applicant be appointed or enlisted with the rank of: _____ in position: (Duty Title): _____ (Unit): _____
- Member credited for recruiting Applicant: [Rank] _____
Name: _____ Unit _____

(Date)

(Signature of Authority)

ENDORSEMENT - 2

To be completed by: Squadron Commander or the Adjutant of the Squadron

- I have reviewed this application and: CONCUR [], NONCONCUR [] with the recommendation.
- I have personally interviewed the applicant and explained the Mission(s) of the 1st Cavalry Militia For The New America Corps. Yes [] No []

(Date)

(Signature of Squadron Commander or Adjutant)

ENDORSEMENT - 3

To be completed by: State Commander or Regiment Commander

- I have reviewed this application and: CONCUR [], NONCONCUR [] with the recommendation.

(Date)

(Signature of State Commander or Regiment Commander)