

**PRP/SECURITY PRE-SCREENING QUESTIONNAIRE**

Full Name: \_\_\_\_\_ Rank: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First MI.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

DOB: \_\_\_\_\_ POB: \_\_\_\_\_  
MM/DD/YYYY City State Country

Married: YES/NO FOREIGN: YES/NO NATIONALITY: \_\_\_\_\_  
(SPOUSE)

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Single Parent or Military Married to Military: YES/NO (If yes, this requires a dependent care plan, AF 357, regardless of service provide copy to CSS and USSTRATCOM First Sergeant).  
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AFSC/MOS/DES/NEC: \_\_\_\_\_ Joint Position#: \_\_\_\_\_ SERVICE: \_\_\_\_\_

Present Organization: \_\_\_\_\_ Duty Phone: \_\_\_\_\_

Top Secret: YES/NO Date: \_\_\_\_\_

SSBI: YES/NO Date: \_\_\_\_\_

PR SUBMITTED: YES/NO Date: \_\_\_\_\_ OPEN/CLOSED: YES/NO

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CLASS III or FLIGHT PHYSICAL: YES/NO Date: \_\_\_\_\_ Altitude Chamber: YES/NO

Color Blind: YES/NO

Significant Hearing Loss: YES/NO

Replacing:

Departure: \_\_\_\_\_ Arrival: \_\_\_\_\_  
DD/MM/YYYY DD/MM/YYYY

=====  
Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI. MM/DD/YYYY