

**PUERTO RICO STATE GUARD APPLICATION FORM**

(This information is for official and medically confidential use only and will not be released to unauthorized persons)

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information.

**PLEASE RETURN COMPLETED YOUR PRSG 104 FORM TO YOUR RECRUITER OR DESIGNEE ONLY.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** The Health Insurance Portability and Accountability Act, HIPAA 104-191, Aug. 21, 1996. Puerto Rico Military Code Century XXI, Law Num. 88 of August 8, 2023.

**PRINCIPAL PURPOSE(S):** The primary collection of this information is from individuals seeking to join the Puerto Rico State Guard Command. The information collected on this form is used to assist the Puerto Rico State Guard Recruiter in making determinations as to the acceptability of applicants for state military service and additional collection of information using Military Entrance Processing Station (MEPS)

**ROUTINE USE(S):** This 104 PRSG form is also available at <http://prsg.us>.

**DISCLOSURE:** Voluntary. However, failure by an applicant to provide the information may result in possible rejection of the individual's application to enter the Puerto Rico State Guard. An applicant's last 4 SSN is used during the recruitment process to keep all records together and when requesting for MEPS.

**WARNING:** The information you have given constitutes an official statement. Provide false information is penalized by federal and Commonwealth of Puerto Rico laws.

<b>1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)</b>		<b>2. LAST FOUR SOCIAL SECURITY</b>		<b>3. TODAY'S DATE</b>	
<b>4. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)</b>		<b>5. CITIZENSHIP</b>		<b>6. GENDER</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>8. TELEPHONE NUMBER (Include Area Code)</b>		<b>7.a. DATE OF BIRTH</b>	<b>7.b. AGE</b>	<b>7.c. PLACE OF BIRTH</b>	
		<b>9. HEIGHT</b>	<b>10. WEIGHT</b>	<b>11. COLOR OF EYES</b>	
<b>12. COLOR OF HAIR</b>	<b>13. HEALTH CONDITION</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor		<b>14.a. MARITAL STATUS</b>	<b>14.b. NAME OF SPOUSE</b>	
<b>15. BODY CLASSIFICATION</b> <input type="checkbox"/> Underweight <input type="checkbox"/> Normal Weight <input type="checkbox"/> Overweight <input type="checkbox"/> Obese		<b>16. IDENTIFYING MARK/SCARS</b>			
<b>17. NAME AND ADDRESS OF PRESENT EMPLOYER OR FIRM</b>		<b>17.a. YOUR JOB TITLE</b>		<b>17.b. HOW LONG IN PRESENT JOB</b>	
<b>18. CIVILIAN EDUCATION (Provide your last civilian educational degree obtained)</b>					
Name of School	Location (city & State)	Graduated?	Year	Degree or Rating Awarded	
_____	_____	_____	_____	_____	

I certify that the above is a true and correct statement of my personal history, educational background, and military experience. I hereby voluntarily enlist for an indefinite period as an enlisted in the Puerto Rico State Guard Command, under the conditions prescribed by law, until discharged by proper authority

\_\_\_\_\_ **DATE** \_\_\_\_\_ **SIGNATURE OF CANDIDATE**

**OTHER BACKGROUN DATA**

<b>1. MEMBERSHIP IN YOUTH PROGRAMS</b>	<b>YES</b>	<b>NO</b>
a. Have you ever been enrolled in an ROTC, Junior ROTC or Sea Cadet Program, or have been a member of the Civil Air Patrol? <i>Optional entry you may be entitled to a higher enlistment grade based on such membership and participation.</i> If yes, enter the name of the organization _____	<input type="radio"/>	<input type="radio"/>
<b>2. DECLARATIONS (WARNING)</b> The declaration you have given constitutes an official statement, failure by an applicant to provide true information may result in rejection of the individual's application to enter to Puerto Rico State Guard. Provide false information is penalized by federal and Commonwealth of Puerto Rico laws.		
a. Have you ever been convicted of any felony? (If yes, Submit the Puerto Rico Police Bureau Penal Record Report)	<input type="radio"/>	<input type="radio"/>
b. Have you ever been arrested by the authorities of the United States or any territory, including Puerto Rico? (If yes, provide the Submit the Puerto Rico Police Bureau Penal Record Report)	<input type="radio"/>	<input type="radio"/>
c. Have you have any license to carry on weapons granted by the United States or any territory, including Puerto Rico? (If yes, provide the Evidence)	<input type="radio"/>	<input type="radio"/>
d. Have your driver's license ever been suspended in the United States or any territory, including Puerto Rico? (If yes, provide the Police report)	<input type="radio"/>	<input type="radio"/>
e. Have your professional license ever been suspended or revoked? (Exm: Physician, Engeenier). (If yes, provide the report from the relevant agency)	<input type="radio"/>	<input type="radio"/>
f. Have you ever been cited, arrested for, charged with or convicted for substance abuse? (If yes, provide the Court resolution report)	<input type="radio"/>	<input type="radio"/>
g. Have you ever been cited, arrested for, charged with or convicted for Commonwealth of Puerto Rico Law 54" violation? (If yes, provide the Court resolution report)	<input type="radio"/>	<input type="radio"/>
h. Have you ever been cited, arrested for, charged with or convicted for Chill Support violation in the United States or any territory, including Puerto Rico? (If yes, provide the Court Resolution)	<input type="radio"/>	<input type="radio"/>
i. Are you Puerto Rico State Guard Prior Service? (If yes, Submit the evidence)	<input type="radio"/>	<input type="radio"/>
j. Have you ever been rejected for enlistment, reenlistment or induction by any branch of the Armed Forces of the United States?	<input type="radio"/>	<input type="radio"/>

<b>LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)</b>	<b>LAST FOUR SOCIAL SECURITY</b>	<b>TODAY'S DATE</b>
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k. Are you now, or have ever been, a deserter from any branch of the Armed Forces of the United States?	○ ○
l. Are you now drawing, or have any application pending, or approval for: Retired pay, disability allowance or a pension from the Government of the United States?	○ ○
m. Are you a conscientious objector? That is, do you have, or have you ever had, a firm fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious training or belief?	○ ○
n. Are you the only living child of your parents?	○ ○
o. Have you ever been a draft evader or participated in an amnesty program?	○ ○
p. Do you now have, or have you had within the past ten years, knowing membership with the specific intent of furthering the aims of, or Adherence to, an active participation in any foreign or domestic organization or association or movement or group or combination of persons which unlawfully advocates or practices the commission of an act of force or violence to prevent others from exercising their rights under the Constitution of the United States or subdivision there of by unlawful means? <i>(If yes, give the name (s) of the organization (s) and inclusive dates of your membership)</i> _____ _____	○ ○
q. Have you ever visited a foreign country except as a member of the United States Armed Forces performing official duties during the past 10 years? (If yes, give year, month, countries visited and purpose of travel)	○ ○

Year	Month	Countries	Purpose
_____	_____	_____	_____
_____	_____	_____	_____

r. Have you ever worked for a foreign government during the past 10 years? <i>(If yes, give dates of employment, name of the government you worked for, duties description and location)</i>	○ ○												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Dates</td> <td style="width:30%; padding: 5px;">Name of Government</td> <td style="width:30%; padding: 5px;">Duties Description</td> <td style="width:20%; padding: 5px;">Location</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> </table>	Dates	Name of Government	Duties Description	Location	_____	_____	_____	_____	_____	_____	_____	_____	
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**3. UNDERSTANDINGS**

<b>I UNDERSTAND THAT IF I AM REJECTED FOR ENLISTMENT BECAUSE OF A DESQUALIFICATION THAT I HAVE CONCEALED, I MAY NOT BE PROVIDED RETURN TRANSPORTATION FROM THE PLACE OF EXAMINATION TO MY HOME.</b>	<b>INITIALS</b>

**4. CHARACTER AND SOCIAL ADJUTMENT**

a. If your answer to every question is truthfully "NO, initial in the appropriate space.

b. You are not required to answer or explain your responses to these questions in writing if your answer is "YES" or you have reservations about answering questions of this nature. Instead, you may request a personal interview in which you may provide the required information for each question orally.

i. If you choose the personal interview, the information you give may be investigated. However, any written record of the interview itself will not be retained more than six months after your entry into active duty and will not become part of your permanent military personnel service record.

ii. This information may be requested from you again at some future date if you enlist and may become a part of your security investigative file at that time. This could occur as a result of your being considered for duties involving access to classified information or other types of duties requiring a personnel security investigation.

c. A "YES" answer will not necessarily disqualify you for enlistment; it will depend on the circumstances surrounding the situation involved.

**INITIAL HERE IF YOU PREFER A PERSONAL INTERVIEW: \_\_\_\_\_**

**DO NOT WRITE IN THIS BLOCK – TO BE COMPLETED BY: MEPS PERSONNEL**

APPLICANT HAS BEEN INTERVIEWED AND IS:

ELEGIBLE FOR ENLISTMENT
  INELEGIBLE FOR ENLISTMENT

<b>DATE OF INTERVIEW</b>	<b>GRADE, NAME, ORG &amp; TITLE OF MEPS OFFICER</b>	<b>SIGNATURE OF MEPS SENIOR OFFICER</b>