

THIS IS A FILLABLE FORM PLEASE TYPE ONLY (FILL IN ALL SECTIONS) AFTER COMPLETION OF THIS FORM
 FAX TO HUMAN RESOURCE ASST AT 225-774-4390 or EMAIL to chavella_keokuk@subr.edu
NOT LATER THAN _____. ANY QUESTIONS PLEASE EMAIL OR PHONE 225-771-4390. THANK YOU.

MIDSHIPMAN/MECEP/STA21 INFORMATION WORKSHEET (TYPE ONLY)							
NAME (LAST, FIRST, MIDDLE):		SSN:		CELL PHONE:		HOME PHONE:	
EMAIL ADDRESS:		FULL HOME OF RECORD LEGAL RESIDENCE ADDRESS:					
DATE OF BIRTH:		PLACE OF BIRTH:		COUNTRY:		RELIGIOUS PREFERENCE:	
CITIZENSHIP							
<input type="checkbox"/> N-NON US CITIZEN <input type="checkbox"/> Z-UNKOWN <input type="checkbox"/> C-US CITIZEN <input type="checkbox"/> A-US NATIONAL (NON US CITIZIEN)							
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	BLOOD TYPE:	GENDER:	RACE:	ETHNIC:
SAT OR ACT SCORES			INTEND COLLEGE MAJOR:		NAVAL SCIENCE YEAR:		
MATH: _____ VERBAL: _____			_____		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
NROTC STATUS:		UNIVERSITY STATUS:		UNIVERSITY ATTENDING (CHECK ONE)		NROTC OPTION	
<input type="checkbox"/> NROTC SCHOLARSHIP RECIPANT		<input type="checkbox"/> FRESHAMAN		<input type="checkbox"/> SOUTHERN UNIVERSITY		<input type="checkbox"/> MECEP	
<input type="checkbox"/> NROTC COLLEGE PROGRAM BASIC		<input type="checkbox"/> SOPHOMORE		<input type="checkbox"/> LOUISIANA STATE UNIVERSITY		<input type="checkbox"/> STA-21	
<input type="checkbox"/> NOT APPLICABLE		<input type="checkbox"/> JUNIOR		<input type="checkbox"/> BATON ROUGE COMMUNITY COLLEGE		<input type="checkbox"/> NAVY	
		<input type="checkbox"/> SENIOR		<input type="checkbox"/> SOUTHERN LOUISIANA STATE		<input type="checkbox"/> MARINE	
LIST ANY OTHER LANGUAGE THAT YOU SPEAK OTHER THAN THE ENGLISH LANGUAGE: _____ N/A: _____							
MARITAL STATUS							
<input type="checkbox"/> DIVORCE <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE NUMBER OF DEPENDENTS _____							
HIGH SCHOOL JROTC				CHILD OF CAREER MILITARY MEMBER			
<input type="checkbox"/> NAVY <input type="checkbox"/> MARINES <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> N/A				<input type="checkbox"/> NAVY <input type="checkbox"/> MARINES <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> N/A			
HIGH SCHOOL		EAGLE SCOUT		HIGH SCHOOL PERCENTILE		HIGH SCHOOL TYPE	
<input type="checkbox"/> G = GENERAL EQUIVALENCY DIPLOMA		<input type="checkbox"/> YES		<input type="checkbox"/> 0 – N/A (GED)		<input type="checkbox"/> NOT APPLICABLE (GED)	
<input type="checkbox"/> H = HIGH SCHOOL DIPLOMA		<input type="checkbox"/> NO		<input type="checkbox"/> 1 – TOP		<input type="checkbox"/> PUBLIC GRADUATED GREATER > 100	
				<input type="checkbox"/> 2 – TOP 40%		<input type="checkbox"/> PUBLIC GRADUATED LESS < 100	
				<input type="checkbox"/> 3 – TOP 60%		<input type="checkbox"/> PRIVATE GRADUATED GREATER >100	
				<input type="checkbox"/> 4 – TOP 80%		<input type="checkbox"/> PRIVATE GRADUATED LESS < 100	
				<input type="checkbox"/> 5 – BELOW 80% 20%			
DEMOGRAPHICS		RELIGIOUS PREFERENCE					
<input type="checkbox"/> URBAN (CITY > 500,000)		<input type="checkbox"/> NONE					
<input type="checkbox"/> SUBURB (CITY < 500,000)		<input type="checkbox"/> BAPTIST					
<input type="checkbox"/> RURAL, FARM/COUNTRY		<input type="checkbox"/> CATHOLIC					
		<input type="checkbox"/> CHRISTIAN					
		<input type="checkbox"/> OTHER _____					

RECORD OF EMERGENCY DATA				
YOUR SPOUSE NAME		SPOUSE FULL ADDRESS		PHONE NUMBER
YOUR FATHER NAME		FATHER FULL ADDRESS		PHONE NUMBER
YOUR MOTHER NAME		MOTHER FULL ADDRESS		PHONE NUMBER
YOUR CHILDREN NAME	RELATIONSHIP	DATE OF BIRTH (YYYYMMDD)	FULL ADDRESS	
1.				
2.				
BENEFICIARY(IES) NAME FOR SGLI INSURANCE:		SSN:	FULL ADDRESS:	
1.				
2.				