

**UNITED STATES ARMY CADET CORPS
CADRE DUTY APPLICATION**

For use of this form, see Annual Training Letter of Instruction; the proponent directorate is the G3

AUTHORITY: Annual Training Letter of Instruction

PRINCIPAL PURPOSE: To request assignment to a cadre duty assignment during programs of the United States Army Cadet Corps. This information becomes a part of the subject member's personnel records which are used to document promotion, reassignment, training, medical support and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USES: The information contained in this form will be reviewed by competent authority to make cadre duty assignments.

IDENTIFICATION DATA

NAME <i>(Last, First, Middle)</i>		RANK	SOCIAL SECURITY NUMBER
HOME ADDRESS <i>(Street, City, State, Zip Code)</i>		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME UNIT
HOME PHONE NUMBER	CELL NUMBER	EMAIL ADDRESS	
PREFERRED START DATE	SECONDARY START DATE	TOTAL DAYS AVAILABLE	REQUIRED DEPARTURE DATE AND TIME

DUTY PREFERENCE *(Indicate order of preference)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Battalion Staff | <input type="checkbox"/> Company Commander <i>(Officers only)</i> | <input type="checkbox"/> Company Staff |
| <input type="checkbox"/> Platoon Leader <i>(Officers only)</i> | <input type="checkbox"/> Troop Handler <i>(Cadets only)</i> | <input type="checkbox"/> Drill Sergeant <i>(NCOs only)</i> |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Personnel | <input type="checkbox"/> Training |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Supply and Logistics | <input type="checkbox"/> Medical Staff | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Safety and Security | <input type="checkbox"/> Chaplain Staff | <input type="checkbox"/> Public Affairs |
| <input type="checkbox"/> Motor Transport | <input type="checkbox"/> Any Duty Assignment Available | <input type="checkbox"/> Other _____ |

QUALIFICATIONS

SPECIFIC PREFERRED DUTIES *(Continue on separate sheet)*

QUALIFICATIONS, EXPERIENCE, CERTIFICATIONS AND LICENSES *(Continue on separate sheet)*

CERTIFICATIONS

I certify that the information contained herein is accurate and correct. As a condition of acceptance, I certify that the above named member is fully qualified for the duties requested and that their CADTRAK account is current and accurate.

SIGNATURE OF MEMBER	DATE	SIGNATURE OF UNIT COMMANDER	DATE
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