

APPLICATION FORM
"OUTSTANDING ENLISTED MAN/WOMAN OF THE YEAR"

1. GENERAL INFORMATION

Name (Give Complete Name)_____

Home Address_____

City_____ State_____ Zip_____

Email:_____

Home Phone Number _____ / _____ Work Phone Number _____ / _____

Date of Birth_____ Place of Birth_____

Education:

Name of High School_____ City_____

Date of High School Graduation_____

Post High School Education (Give names of colleges and years attended. Also Degree(s) received and year received)_____

II. EMPLOYMENT INFORMATION

Employer_____

Address_____

City_____ State_____ Zip_____

Job Title_____ Month/Year Started_____

Immediate Supervisor_____

Brief explanation of duties_____

Previous Employer(s) - Within last five years _____

III. NATIONAL GUARD/RESERVE UNIT INFORMATION

Branch of Service_____

Candidate is a member of: (Give official designation of Unit)_____

Address_____

City_____ State_____ Zip_____

Current Rank_____

Current Duties_____

Number of Years that Candidate has been a member of the National Guard/Reserve_____

Previous Active Service Experience (List briefly or attach copy of DD-214 or information from DD-214)

Special Schools Attended (Give name, location and year completed) EXAMPLE: Helicopter Mechanics - Pensacola, FL, 1982

(Use additional sheets if necessary)

IV. COMMUNITY INVOLVEMENT

List Community organizations, groups, etc. with which candidate has been or is currently active:

American Legion Member ? _____ If so, Post Name and Number _____

V. ADDITIONAL INFORMATION

Please attach photocopies of service commendations, awards, decorations, news articles, etc. concerning Military or Civilian activities. PLEASE ATTACH COLOR PHOTO IN UNIFORM TO APPLICATION.

VI. LETTERS OF RECOMMENDATION

Please attach at least two (2) letters of recommendation - one from your Unit COMMANDING OFFICER; one from another individual whom you feel knows you well. Also attach a letter from American Legion Post Commander.

VII. APPLICATION

Do you require this application to be returned? YES _____ NO _____

VIII. AMERICAN LEGION POST - Information should be filled out by Post.

This application is submitted by Post _____ of The American Legion located at Address _____

City _____ Zip _____

SIGNATURE (Post Commander or Adjutant) _____

IX. DISTRICT - National Security/Foreign Relations Chairman should fill out this portion.

This Application was reviewed by

National Security/Foreign Relations Chairman for the _____ District.

Date _____

Submitted for Department consideration (DATE) _____

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X. DEPARTMENT COMMITTEE

Acknowledgment Sent (Date) _____

Completed applications should be sent to your District Chairman or to The American Legion, 20 West 12th Street, Room 300A, St. Paul, MN 55155. All applications are due by July 1 of each year. If you have questions, please call 651-291-1800.