

## **PRIVACY ACT STATEMENT**

- AUTHORITY:**
1. Title 5, Section 6311 of the U.S. Code
  2. Presidential Executive Order 9397

Section 6311 of Title 5 of the U.S. Code authorizes the collection of this information. The primary use of this information by the OHIO MILITARY RESERVE is to verify background data required for enlistment or appointment. Additional uses of the provided information may be:

- A. To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness.
- B. To a State Unemployment compensation office regarding a claim.
- C. To state or federal life insurance or health benefits carriers regarding a claim.
- D. To a Federal, State or Local Law enforcement agency when conducting an investigation for employment or security reasons
- E. To the Office of Personnel Management or General Accounting Office when the information is required for the evaluation of leave administration.
- F. To the General Services Administration in connection with its responsibilities for records management.

Where your service number is also your Social Security Number, collection of this information is authorized by Presidential Executive Order 9397. Furnishing the information on official OHIO MILITARY RESERVE personnel forms, including your Social Security Number (SSAN), is voluntary, but failure to do so may result in the disapproval of enlistment or commission in the OHIO MILITARY RESERVE.

## **APPLICANT'S STATEMENT**

I have read and understand the meaning of all of the above, and provide the following information freely and without reservation. I agree to provide all requested information permitted by law.

NAME \_\_\_\_\_  
(LAST) (FIRST) (MI)

DATE \_\_\_\_\_  
(DAY) (MO) (YEAR)

ADDRESS: \_\_\_\_\_  
(STREET, ROAD, ROUTE) (CITY) (STATE) (ZIP)

OHMR UNIT ASSIGNMENT \_\_\_\_\_  
(COMPANY) (BATTALION) (BRIGADE) (DETACHMENT OR UNIT)

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

## **WITNESS ATTESTMENT**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BRANCH \_\_\_\_\_  
(LAST) (FIRST) (MI)

UNIT \_\_\_\_\_  
(COMPANY) (BATTALION) (BRIGADE) (DETACHMENT OR HQ)

DATE \_\_\_\_\_  
(DAY) (MO) (YEAR)

\_\_\_\_\_  
(SIGNATURE)