



## ROBERTSON COUNTY SHERIFF'S OFFICE JOB APPLICATION INSTRUCTIONS

**Please read the following instructions before completing the application for employment.**

- We appreciate your interest in the employment opportunities at the Robertson County Sheriff's Office.
- Please complete application in neat, legible print using blue or black ink. In order for your application to be considered complete, you must answer all questions in this application. A resume and/or other documents will not be accepted in lieu of a complete application; however, you may submit additional documents with the application. Comments such as "See Resume" are not acceptable and may result in the application being considered incomplete.
- Any information you provide in this application, accompanying documents, and/or verbal submissions to Robertson County Sheriff's Office is subject to verification. Falsification, misrepresentation, or omissions of fact may be grounds for rejection of your application, or subsequent termination of employment if hired. Employment references and criminal history check will be required.
- This application and any accompanying document(s) submitted for consideration of employment become property of Robertson County Sheriff's Office and will not be returned to the applicant.
- Completed applications may be hand-delivered, mailed, or faxed to the prospective agency as indicated in the job posting. Note: Positions posted with a closing date of "until filled" are subject to close at any time.



# ROBERTSON COUNTY SHERIFF'S OFFICE JOB APPLICATION FORM

## AN EQUAL OPPORTUNITY EMPLOYER

It is Robertson County's policy to comply fully with all federal, state and local equal opportunity laws. We provide equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law. Robertson County considers employment applicants solely on the basis of qualifications for the job.

### **PERSONAL DATA:**

Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Check each type of work you will accept:  Full Time  Part Time

Minimum acceptable salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Are you eligible to work in the United States:  Yes  No

Has Bond ever been refused:  Yes  No

Have you ever been employed here before?  Yes  No Date: \_\_\_\_\_

Are you a relative of any Robertson County elected official or employee?  Yes  No

If yes, identify and describe the relationship: \_\_\_\_\_

Do you speak a language other than English:  Yes  No

If yes, what language(s) do you speak: \_\_\_\_\_

If offered employment, date you are able to begin? \_\_\_\_\_

Are you willing to travel:  Yes  No

Have you ever been convicted of, or plead guilty or no contest to a criminal offense other than a traffic offense?\*  Yes  No If yes, provide date(s) and details:

\_\_\_\_\_  
\_\_\_\_\_

\*You may omit convictions for minor traffic violations, unless the position requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of the conviction and the relevance of the crime to the position you are applying will be considered.

**EDUCATION HISTORY**

Type of School	Name of School	Location	Number of Years Completed	Major & Degree (If applicable)
High School				
College				
Business or Trade School				
Professional School				
Graduate School				

**DRIVERS LICENSE INFORMATION**

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License? Yes No

\*\*Please list any restriction and endorsements: \_\_\_\_\_

Type of License: Class C CDL License Number: \_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Summarize any training skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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**PROFESSIONAL LICENSES/CERTIFICATIONS**

If the position for which you are applying requires possession of a license or certification, please provide the information:

Type of License or Certification	Date Issued	Registration Number	State	Expires MO/YR

**EMPLOYMENT HISTORY**

Start with your present or most recent employer and work backward. If you need additional space, please continue on separate sheet(s).

May we contact your present employer?  Yes  No

<b>Employer:</b>	<b>Dates: From:</b>	<b>To:</b>
<b>Address:</b>	<b>Summary of Job Duties:</b>	
<b>Phone Number:</b>		
<b>Job Title:</b>		
<b>Supervisor:</b>		
<b>Reason for Leaving:</b>	<b>Starting Salary:</b>	<b>Ending Salary:</b>

<b>Employer:</b>	<b>Dates: From:</b>	<b>To:</b>
<b>Address:</b>	<b>Summary of Job Duties:</b>	
<b>Phone Number:</b>		
<b>Job Title:</b>		
<b>Supervisor:</b>		
<b>Reason for Leaving:</b>	<b>Starting Salary:</b>	<b>Ending Salary:</b>

<b>Employer:</b>	<b>Dates: From:</b>	<b>To:</b>
<b>Address:</b>	<b>Summary of Job Duties:</b>	
<b>Phone Number:</b>		
<b>Job Title:</b>		
<b>Supervisor:</b>		
<b>Reason for Leaving:</b>	<b>Starting Salary:</b>	<b>Ending Salary:</b>

<b>Employer:</b>	<b>Dates: From:</b>	<b>To:</b>
<b>Address:</b>	<b>Summary of Job Duties:</b>	
<b>Phone Number:</b>		
<b>Job Title:</b>		
<b>Supervisor:</b>		
<b>Reason for Leaving:</b>	<b>Starting Salary:</b>	<b>Ending Salary:</b>

**REFERENCES**

List three persons, not related to you, who are qualified to describe your capabilities for the position you are applying.

(1.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

(2.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

(3.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I authorize any former employer to release to Robertson County Sheriff's Office and its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I understand that by providing my e-mail address, I am electing to receive electronic communications.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.

I also understand that only written representations and promises of this employer will be enforceable.

By signing this application, I give permission/authorization to Robertson County to check for criminal conviction records.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_



# ROBERTSON COUNTY SHERIFF'S OFFICE

Willam Ruland, Sheriff

## Authorization for Release of Personal Information

I, \_\_\_\_\_, hereby authorize a review of and full disclosure of  
(Print Full Name, including maiden name)

all records concerning me to any duly authorized employee of the Robertson County Sheriff's Office whether such records are of a private, public or confidential nature. I give my consent for full disclosure of any information about me, whether written, oral, electronic or in any other form, to any person or institution, including the following: educational institutions; financial or credit institutions, including records of loans or any other accounts; commercial or retail credit agencies, including credit reports and ratings; government or law enforcement agencies; former employers, including background reports, efficiency or performance ratings, and complaints or grievances filed by or against me; and attorneys at law or other counsel, whether representing me or another person in any criminal or civil case in which I have now or have previously had an interest.

The Robertson County Sheriff's Office may use any information about me that is obtained with this waiver to determine my qualifications for employment. I promise to hold harmless any person or other entity that may release information about me to the Robertson County Sheriff's Office and I release such person or entity from any liability that may result from the release of such information.

I understand that the Robertson County Sheriff's Office will keep confidential all information about me to the extent allowed by law. The Robertson County Sheriff's Office may release information about me to any law enforcement agency that requests it and that presents a valid release form that I have signed.

A photocopy of this release form will be valid as the original, even though such photocopy does not contain an original writing of my signature.

Address: \_\_\_\_\_  
street apt. city state zip

Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DL #/State: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
(Notary Printed Name)

(seal)

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

## INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

- 1. General Information.** The Standard Form 180, Request Pertaining to Military Records (SF 180), is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request, see Page 2 of the SF 180 for record locations and facility addresses. Medical information may be withheld from a patient if determined that the information would be detrimental to the patient's physical or mental health or would likely cause the patient to harm himself/herself/themselves or someone else.
- 2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR).** Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180 (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago).
  - a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's authorized legal recipient has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's authorized legal recipient is needed in Section III of the SF 180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or authorized legal recipient. If the appropriate signature cannot be obtained, only limited types of information can be provided (DoD 6025.18-R C8). If the former member is deceased, the surviving next-of-kin (NOK) may be entitled to greater access to a deceased veteran's records than a member of the general public (DoD 6025.18-R C6.2.1.2). The NOK may be any of the following: unmarried/surviving spouse, father, mother, son, daughter, sister, or brother. **Requesters MUST provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, verdict of coroner's jury, or DD Form 1300 – Casualty Report.**
  - b. Fees for records: There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.
- 3. Archival Records.** Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".
  - a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, their family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.
  - b. Fees for Archival Records: Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the copies of documents in the requested record, you will receive an invoice. Copies will be sent after payment is made. For more information, see <https://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.
- 4. Where reply may be sent.** The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number. NOTE: If a veteran/dependent desires to send his/her/their medical record(s) to a third party, he/she/they must fill out a DD Form 2870 authorizing the releasing agency to release the record(s) and the time frame of the authorization. The form may be downloaded using most commercial web search tools by entering "DD Form 2870" as a search term.
- 5. Definitions and abbreviations.** DISCHARGED - the individual has no current military status; SERVICE TREATMENT RECORD (STR) - the chronology of medical, mental health, and dental care received by service members during their military career (does not include records of treatment while hospitalized); TDRL – Temporary Disability Retired List.
- 6. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by email from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

### PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he/she/they served.

### PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

# REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at <https://www.archives.gov/veterans/military-service-records>

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH
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5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

COMPONENT	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE #	DOD ID / EDIPI #
						(If unknown, write "unknown")	
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>		
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>		
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>		

6. PLEASE LIST LAST DUTY STATION(S) \_\_\_\_\_

7. IS THIS PERSON DECEASED?  NO  YES - MUST provide date of death if veteran is deceased: \_\_\_\_\_

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE?  NO  YES

9. HAS THIS PERSON FILED A CLAIM WITH THE VA?  NO  YES - if known, please provide VA Claim/File # \_\_\_\_\_

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

**DD Form 214 or equivalent:** Year(s) in which form(s) issued to veteran (Date of Separation): \_\_\_\_\_

This form contains information used to verify military service. An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. Please note - recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records>

An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:  I want a DELETED copy.

**Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.

**Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.

I request inpatient/hospitalization records from \_\_\_\_\_ (facility), last treated in \_\_\_\_\_ (year). (NOTE: Fields are required)

If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.

**Dental Records:** Please check this box if ONLY dental records are needed from the medical record.

**Other (Please Specify):** \_\_\_\_\_

2. PURPOSE: (Required unless the request is from the veteran, government agencies under routine use, or for information releasable under FOIA. In all cases, it may help to provide the best possible response and ensure a faster reply.)

Benefits (explain)  Employment  VA Loan Programs  Medical  Genealogy  Correction  Personal  Other (explain)

Explain here: \_\_\_\_\_

## SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: \_\_\_\_\_

2. RELATIONSHIP TO VETERAN: \_\_\_\_\_

3.  I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.

I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)

I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)

OTHER (Specify): \_\_\_\_\_

4. SEND INFORMATION/DOCUMENTS TO:  
(Please print or type. See item 4 on accompanying instructions.)

5. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Signature Required - Do not print \_\_\_\_\_ Date \_\_\_\_\_

\* This form is available at <https://www.archives.gov/veterans/military-service-records/standard-form-180.html> on the National Archives and Records Administration (NARA) website. \*

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharged, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
Active, Reserve, Individual Ready Reserve or TDRL	3		
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1895 – 12/31/1904	15	14
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
Active, Selected Marine Corps Reserve, TDRL	4		
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
Active, Reserve, or TDRL	10		
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	HQ AF Personnel Center HQ AFPC/DPSOR ATTN: Military Personnel Records Custodian 550 C Street West JBSA-Randolph, TX 78150-4721 <a href="https://milconnect.dmdc.osd.mil/milconnect">https://milconnect.dmdc.osd.mil/milconnect</a>	6	National Archives & Records Administration Research Services (RDTIR) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs ATTN: Release of Information Claims Intake Center P.O. Box 4444 Janesville, WI 53547-4444 Fax: 844-531-7818 <a href="https://www.va.gov">https://www.va.gov</a>
2	HQ ARPC/DPTSC 18420 E Silver Creek Ave, MS 68 Buckley SFB, CO 80011 <a href="mailto:arpc.milrecs.3rdparty@us.af.mil">arpc.milrecs.3rdparty@us.af.mil</a> <a href="https://milconnect.dmdc.osd.mil/milconnect">https://milconnect.dmdc.osd.mil/milconnect</a>	7	US Army Human Resources Command's web page: <a href="https://www.hrc.army.mil/content/1113">https://www.hrc.army.mil/content/1113</a> 1-888-ARMYHRC (1-888-276-9472) <a href="https://milconnect.dmdc.osd.mil/milconnect">https://milconnect.dmdc.osd.mil/milconnect</a>	12	Commissioned Corps Headquarters Division of Business Operations and Management Administrative Services Branch ATTN: PHS CCHQ Records Management Team 1101 Wootton Parkway, Suite 300 Rockville, MD 20852 <a href="mailto:PHSCCHQRecordsManagementRequest@hhs.gov">PHSCCHQRecordsManagementRequest@hhs.gov</a>
3	USCG Personnel Service Center Coast Guard Military Human Resource Record (CGMHRR) Section <a href="https://iperms.nymilrecord.uscg.mil">https://iperms.nymilrecord.uscg.mil</a> Send questions to: <a href="mailto:HQS-SMB-CGPSC-MR-CustomerService@uscg.mil">HQS-SMB-CGPSC-MR-CustomerService@uscg.mil</a>	8	Navy Medicine Records Activity (NMRA) BUMED Detachment - St. Louis Robert A. Young Federal Building 1222 Spruce St., Room 9.308 St. Louis, MO 63103 <a href="https://www.med.navy.mil/Navy-Medicine-Records-Activity">https://www.med.navy.mil/Navy-Medicine-Records-Activity</a>	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters, U.S. Marine Corps Manpower Management Performance Branch (MMPB-21) 2008 Elliot Road Quantico, VA 22134-5030 <a href="mailto:SMB.MANPOWER.MMRP-10@usmc.mil">SMB.MANPOWER.MMRP-10@usmc.mil</a> <a href="https://milconnect.dmdc.osd.mil/milconnect">https://milconnect.dmdc.osd.mil/milconnect</a>	9	AMEDD Army Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217 Fax Number: 210-201-8310	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002 <a href="https://www.archives.gov/veterans/military-service-records">https://www.archives.gov/veterans/military-service-records</a>
5	Marine Corps Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70114 <a href="https://milconnect.dmdc.osd.mil/milconnect">https://milconnect.dmdc.osd.mil/milconnect</a>	10	Navy Personnel Command Records Management Policy Branch (PERS-313) 5720 Integrity Drive Millington, TN 38055-3130 <a href="https://milconnect.dmdc.osd.mil/milconnect">https://milconnect.dmdc.osd.mil/milconnect</a>	15	National Archives & Records Administration National Archives - St. Louis ATTN: RRPOR P.O. Box 38757 St. Louis, MO 63138-0757 <a href="mailto:stl.archives@nara.gov">stl.archives@nara.gov</a>