DEPARTMENT OF TRANSPORTATION
U.S. COAST GUARD
8ER 7062 (10-28)

U.S. COAST GUARD AUXILIARY

DISTRICT STAFF APPLICATION

Date _____ MEMBER NUMBER

NAME _____, _____
LAST FIRST MIDDLE

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____-_____-_____ FAX _____-_____-_____

E-MAIL _____

POSITIONS APPLYING FOR

☐ DSO ☐ ADSO

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

ANSWER ALL QUESTIONS

AUXILIARY TRAINING ☐ AUXOP ☐ COX ☐ CREW ☐ IT ☐ VE ☐ MV ☐ AIR
☐ OTHER _____

HIGHEST OFFICES HELD & DATE _____

MILITARY EXPERIENCE _____

PROFESSIONAL EXPERIENCE _____

EDUCATION
LEVEL _____ HIGH SCHOOL _____ COLLEGE _____ DEGREE(s) _____
MAJORS _____

PROFESSIONAL ORGANIZATIONS AWARDS/HONORS

AUXILIARY AWARDS & HONORS

COMPUTER SKILLS IBM/PC ☐ MAC ☐ LEVEL Amatuer PROGRAMS _____

WHAT TYPE OF WORK DO YOU WANT TO DO

LIST QUALIFICATIONS _____

EXPERIENCE AND YEARS _____

I hereby certify that the statements and information contained above and on any additional pages are true and correct and are made with the understanding that they are subject to verification and investigation. I hereby authorize any individual or entity to provide verification of any fact or statement for the official use of the U.S. COAST GUARD, U.S. COAST GUARD AUXILIARY and the U.S. COAST GUARD AUXILIARY 8TH EASTERN REGION.

Signature _____

ATTACH YOUR RESUME --- APPLICATIONS MUST BE RENEWED EVERY TWO YEARS TO REMAIN ACTIVE --- THIS FORM MAY BE REPRODUCED

Mail to
VCO 8ER

PRIVACY ACT STATEMENT

1. Authority	14 USC 821 and 632
2. Principal purpose	Used to review resume and data for qualification in applying for a District Staff Office and maintaining files.
3. Routine uses	All information furnished is for the official use of the U.S. Coast Guard, U.S. Coast Guard Auxiliary and the U.S. Coast Guard Auxiliary 8th Eastern Region.
4. Disclosure	Voluntary, Failure to provide the requested information may result in no further consideration for a District Staff Office.

Previous editions are obsolete

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