

Instructions for completing DD Form 370
(Request for Reference)

1. Complete blocks 1-4.
2. Provide the form to your recommender(s), and ask them to complete blocks 10-19. A signature is required in block 19c.
3. Ask your recommender(s) to return completed forms to the email address at the top of page 1 (navyaccessions@navy.mil).

**COMPLETED FORMS MUST BE RECEIVED ON OR BEFORE THE
APPLICATION DEADLINE. FORMS RECEIVED AFTER THAT DATE
WILL NOT BE CONSIDERED.**

REQUEST FOR REFERENCE

OMB No. 0704-0167
OMB approval expires
Oct 31, 2011

PLEASE RETURN YOUR FORM TO THE ADDRESS SHOWN IN THE "TO" BLOCK BELOW.

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0167). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

THIS FORM CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974, AS AMENDED.

TO: navyaccessions@navy.mil

Your timely reply will help the defense effort. Please fill out and return promptly. A return envelope, which requires no postage, is enclosed for your convenience.

APPLICANT IDENTIFICATION DATA

1. NAME (Last, First, Middle Initial)

2. MAILING ADDRESS (Street, Apartment Number, City, State, and ZIP Code)

3. DATE OF BIRTH (YYYYMMDD)

Omit

4. DATES OF SCHOOL ATTENDANCE OR EMPLOYMENT

a. FROM (YYYYMMDD)

b. TO (YYYYMMDD)

The above-named person has made application for enlistment in the Armed Service and has given your name as a reference. The information you provide will be appreciated since it will assist in determining whether or not the applicant meets the eligibility standards to become a member of the Armed Forces of the United States.

Service standards require that applicants be mature, intelligent, and possess high moral qualifications. Those applicants who are selected will have an opportunity to receive schooling and training in technical fields to improve and advance their knowledge and skills in subjects essential to national defense. Additionally, college opportunities will be available.

Enlistees who cannot adjust satisfactorily to military life must be discharged, causing emotional distress to the individual, as well as loss to the taxpayers. Therefore, by giving your frank opinion of the applicant, you can render a genuine service to the applicant as well as to the United States.

Your statements will be held in strict confidence, and you will not be considered personally responsible in any way for the applicant's conduct if enlisted or not enlisted.

Your answers to the questions listed on the back of this form are of particular interest in reaching a conclusion concerning the qualifications of the applicant. Any information you can provide will be appreciated.

RECRUITING OFFICER IDENTIFICATION DATA

5. TYPED NAME (Last, First, Middle Initial)

JAGC Accessions Office

6. DATE SIGNED (YYYYMMDD)

7. UNIT/COMMAND NAME

Navy Personnel Command (PERS 4416E)

8. SIGNATURE OF RECRUITING REPRESENTATIVE

9. UNIT/COMMAND MAILING ADDRESS (Street, City, State, and ZIP Code)

5720 Integrity Drive
Millington, TN 38055-4416

APPLICANT'S NAME <i>(Last, First, Middle Initial)</i>				
10. WHAT IS YOUR RELATIONSHIP TO THE APPLICANT? <i>(Indicate with an "X")</i>				
	a. EMPLOYER		b. SCHOOL OFFICIAL	c. OTHER <i>(Specify)</i>
11. HOW LONG HAVE YOU KNOWN THE APPLICANT? a. FROM <i>(YYYYMMDD)</i>		b. TO <i>(YYYYMMDD)</i>		12. APPLICANT'S HIGHEST SCHOOL GRADE COMPLETED OR JOB TITLE
13. INCLUSIVE DATES OF SCHOOL ATTENDANCE/ EMPLOYMENT IN YOUR SCHOOL OR FIRM a. FROM <i>(YYYYMMDD)</i>			b. TO <i>(YYYYMMDD)</i>	
			14. IF APPLICANT LEFT SCHOOL OR JOB, OR WAS EXPELLED, DISMISSED, OR TERMINATED, GIVE SPECIFIC REASON IF KNOWN.	
15. HOW DO YOU RATE THE APPLICANT'S:		<i>(Indicate with an "X")</i>		
		OUTSTANDING	AVERAGE	UNSATISFACTORY
		NOT OBSERVED		
a. TRUSTWORTHINESS				
b. ADAPTABILITY				
c. ABILITY TO WORK WELL WITH OTHERS				
d. INITIATIVE				
e. JUDGMENT				
f. PHYSICAL FITNESS				
g. LEADERSHIP				
h. MATURITY				
i. DEPENDABILITY				
PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. FOR "YES" ANSWERS, PROVIDE DETAILS IN REMARKS.			<i>(Indicate with an "X")</i>	
			YES	NO
			UNKNOWN	
16. IF APPLICANT IS KNOWN TO USE ALCOHOL OR DRUGS, HAS IT AFFECTED HIS OR HER PERFORMANCE? <i>(If Yes, explain below)</i>				
17. IS THERE ANY REASON WHY YOU WOULD NOT RECOMMEND THIS PERSON FOR THE ARMED FORCES? <i>(If Yes, explain below)</i>				
18. PLEASE WRITE A PERSONAL NARRATIVE EVALUATION OF THE APPLICANT BELOW, OR ON A PLAIN PIECE OF PAPER, AND ATTACH TO THIS FORM. SPECIFICALLY ADDRESS THE ABOVE ITEMS. IF ITEM 17 IS MARKED "YES", PLEASE EXPLAIN IN DETAIL.				
19. PERSON COMPLETING QUESTIONNAIRE				
a. TYPED OR PRINTED NAME <i>(Last, First, Middle Initial)</i>			b. TITLE	
c. SIGNATURE			d. DATE SIGNED <i>(YYYYMMDD)</i>	