

# **Special Tactics Officer (STO) Application FY2027**



**OPR: 720th Special Tactics Group (AFSOC)**

**720stg.ras.distro@us.af.mil**

**850-884-8094 or 8119**

**CAO: 30 March 2026**

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## **CHAPTER 1 - INTRODUCTION**

1.1. Thank you for your interest in the Special Tactics Officer (STO/19ZXA)) career field. This document briefly outlines the application and assessment procedures for becoming a STO.

1.2. For current applications, application deadlines, frequently ask questions (FAQs), and or updates, visit [www.afspecwar.com](http://www.afspecwar.com). You should start by reading the FAQs after reading this document. For questions not covered in the FAQs, please reach out to our Recruit Assess & Select (RAS) section via the point of contact information in chapter 7.

## **CHAPTER 2 - ELIGIBILITY**

2.1. STOs require high levels of physical fitness, mental agility, professionalism, leadership, interpersonal skills, initiative, psychological stability, motivation, and technical competency.

2.1.1. Be a U.S. Citizen.

2.1.2. Be 39 years old or younger at the time of applying.

2.1.3. Completed a bachelor's degree at an accredited institution with a minimum GPA of 2.5

2.1.2.1. Contracted ROTC cadets & USAFA cadets may apply and attend Phase II starting in Fall of their Junior year.

2.1.4. Attain a minimum score of 15 on verbal and 10 on the quantitative sections of the Air Force Officer Qualifying Test (AFOQT)

2.1.5. Satisfactorily complete the minimum scores on the Initial Fitness Test (IFT).

2.1.6. Be able to obtain a Top-Secret Clearance.

2.1.7. Volunteer for hazardous duty to include both Parachuting (both static line & freefall) and Combat Diving.

2.1.8. Be able to obtain a Special Warfare Airmen (SWA) medical physical according to AFMAN 48-123.

2.1.5.1. A full Special Warfare Physical is not required when applying but a thorough review of medical records will be conducted prior to candidates being allowed to attend Phase II.

## **CHAPTER 3 – APPLICATION PROCESS (PHASE I)**

3.1. Candidates interested must complete an application and are only able to apply when all requirements and eligibility criteria are met. Applications must be submitted by the suspense date (see chapter 6).

3.2. Applications will be reviewed (Phase I) by the ST (Special Tactics) Assessment Director and a board of current officer and enlisted ST Airmen.

3.3. Applicants who are approved will be notified via email and invited to attend the 1-week assessment & selection at Hurlburt Field, Florida (Phase II). Active-Duty candidates must attend this assessment in TDY status and funding is provided for all candidates to cover travel costs.

3.4. Receiving an invitation to Phase II means the Phase I selection board would like to take a closer look at your potential to become a STO. Your decision to attend is voluntary and non-

binding. Being selected at Phase II means the board president has approved your entry into the career field and pipeline training. It is ultimately up to you to accept the challenge.

## **CHAPTER 4 – ASSESSMENT & SELECTION (PHASE II)**

4.1. The objective of Phase II is to assess each candidate on the ST attributes for the purpose of determining if you have the raw skills to operate in the Special Operations environment. Your performance will be evaluated as a team member and as an individual. The schedule is designed to stress you. The cadre will observe and take notes on everything you do. These observations, along with those from psychologists and your peers, will be the basis for a hiring recommendation. The data will also be used to provide critical feedback to enhance your personal and professional growth.

4.2. Candidates must be prepared for a physically and mentally demanding week. You cannot trust your judgment of your physical and mental preparedness prior to coming to Phase II. Feedback from most candidates indicates that this week is more demanding than anything they anticipated. The cadre will push you physically and mentally to assess those critical attributes in adverse situations. You will be expected to perform and meet specific standards in all events.

4.3. There are five ways to be dismissed during Phase II:

4.3.1. Failure to meet minimum physical fitness standard: Member did not meet the minimum fitness standards required for entrance into the STO career field and complete the assessment.

4.3.2. Medical DQ: disqualification based on recommendation of medical personnel or failure to complete a major event due to medical evaluation or treatment.

4.3.3. Quit by Action (QBA): Failure to Train (FTT) occurs when an instructor tells the candidate to train at an event or perform some action and he/she refuses. Three FTTs given by Cadre will result in elimination from assessment as QBA. When FTT is given, the candidate is pulled from training and provided individualized counseling to discuss the deficiency with the Cadre lead before returning to the training event.

4.3.4. Self-Initiated Elimination: defined as candidate verbalizing to the cadre “I quit,” “I no longer want to be here,” or any statement/action indicating that a candidate is unwilling to continue. Candidates will confirm their decision by verbalizing it to a Cadre member.

4.3.5. Committing any offense punishable under the UCMJ or violation of assessment policies demonstrating inability to uphold the standards of excellence required by the Air Force and the Department of Defense. This includes integrity and safety violations.

4.4. Candidates should be prepared for the following:

4.4.1. Extensive psychological testing and interviews, briefing and writing skills evaluations, problem solving events and leadership ability evaluations. Physically you will be required to conduct ruck marches with 50 – 70 lbs of weight at distances up to 12 miles, running for distances up to 5 miles, and calisthenics sessions of various exercises. Water confidence evaluations will also take place, to include under water swim intervals at 25 meters, mask and snorkel recovery, buddy breathing, drown proofing, treading & surface swimming.

4.4.2. Note: Practicing sub-surface water confidence is highly encouraged, but practicing without a swim buddy is dangerous and not condoned.

## CHAPTER 5 – POST ASSESSMENT

5.1. Those candidates who successfully complete Phase II and are selected can expect PCS orders to Hurlburt Field, Florida. PCS timeframe will be coordinated with the losing command via AFPC. The ST Assessment Director will work with you throughout this process.

5.2. After you PCS, you will maintain a physical training regimen, and complete various in-house training between pipeline schools. This arrangement is designed to enhance your awareness of Special Tactics missions, maintain your motivation, and foster professional development as a STO. After the Training Office schedules your pipeline sequence, you will enter the training pipeline; you will be returning to Hurlburt Field after each school.

## CHAPTER 6 – SUMMARY OF SUSPENSES

### 6.1. Fall 2026 (27-01)

- 6.1.1. 21 August 2026 – Application Deadline
- 6.1.2. 17 October 2026 – Travel to PHASE II
- 6.1.3. 24 October 2026 – Return from PHASE II
- 6.1.4. 06 November 2026 – DTS Vouchers Completed

### 6.1. Winter 2027 (27-02)

- 6.1.1. 11 Dec 2026 – Application Deadline
- 6.1.2. 25 Jan 2027 – Travel to PHASE II
- 6.1.3. 29 Jan 2027 – Return from PHASE II
- 6.1.4. 10 Feb 2027 – DTS Vouchers Completed

### 6.2. Spring 2027 (27-03)

- 6.2.1. 22 January 2027 – Application Deadline
- 6.2.2. 6 March 2027 – Travel to PHASE II
- 6.2.3. 13 March 2027 – Return from PHASE II
- 6.2.4. 26 March 2027 – DTS Vouchers Completed

## CHAPTER 7 – POINT OF CONTACT

UNIT: 720th Special Tactics Group / Recruit, Assess, & Select (RAS)

DSN: 579-6500

COMMERCIAL: (850) 884 6500 or 8119

EMAIL: [720stg.ras.distro@us.af.mil](mailto:720stg.ras.distro@us.af.mil)

WEBSITE: <http://www.24sow.af.mil>

## APPLICATION INSTRUCTIONS

1.1. Proofread your application for accuracy, format, grammar, and spelling. In Phase I, the selection board relies solely on information and impressions made through your application. Incomplete or poorly crafted applications reflect the applicant's professionalism. Successful Phase I applications are concise, easy to understand, and are not filled with extra "fluff." Your success in the ST community begins with this application.

1.2. The application will include the following in this order, and will ONLY include these pages:

1.2.1. Cover page – Typed, using Times New Roman, black text, and Font size 10.

1.2.2. Initial Fitness Test Scoresheet

1.2.3. Personal Narrative – One page in length (See example for format and specifics)

1.2.3.1. Note: Candidates who have previously attended Phase II or SW A&S, but were not selected, must provide a statement on their identified problem areas and what has been done to improve their readiness.

1.2.4. One page résumé, emphasize leadership experience. (See example for format)

1.2.4.1. Note: USAF military members must also include their SURF/CDB.

1.2.5. Recommendation letter – from your commander (for civilians this can be from a prior employer, mentor, supervisor, etc.), no more than one page in length. The letter should comment on your leadership abilities, including relevant examples. Use integrity and DO NOT COPY AND PASTE information from recommendations of other people.

1.2.5.1. Letter of Recommendation will be formatted according to AFH 33-337 The Tongue and Quill or sister service equivalent. They will be signed (either digitally or by hand).

1.2.6. Copies of the three most recent performance or training reports, cadet evaluations, etc. If your time in service is too short to have three reports, include what is available. \* USAFA cadets must include a complete O-299 (w/comments and signed by AOC) and ROTC cadets will include Field Training Reports. (Not applicable to civilians).

1.2.7. A signed statement from a medical authority documenting the medical facility and date of your most recent physical examination.

1.2.7.1. You may attend Phase II with an incomplete physical, however your PCS to Hurlburt Field, FL or continuing in the pipeline will be contingent upon its completion and certification. Do not include any portion of your medical records or any privileged medical information in your application. A flight surgeon in the 720 STG will review your records electronically, if possible.

1.3. Your application will be a PDF document, and the document will be named "**LASTNAME – STO APPLICATION**".

1.4. To submit your application, email it to [720stg.ras.distro@us.af.mil](mailto:720stg.ras.distro@us.af.mil).



## Special Tactics Officer (STO) Application



|                                                                                                                                                                                                                                                                                                     |                                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|
| <p>Insert a forward-facing portrait against a solid colored background. Be in service dress and crop the photo from the bottom of your ribbon rack to the top of your head.</p> <p>If deployed, wear the appropriate uniform of the day.</p> <p>Civilians wear appropriate professional attire.</p> | <b>Rank/Name:</b><br><i>(Last, First, MI)</i> |  |
|                                                                                                                                                                                                                                                                                                     | <b>Full SSN:</b>                              |  |
|                                                                                                                                                                                                                                                                                                     | <b>Age:</b>                                   |  |
|                                                                                                                                                                                                                                                                                                     | <b>Email Address:</b>                         |  |
|                                                                                                                                                                                                                                                                                                     | <b>Cell Phone:</b>                            |  |
|                                                                                                                                                                                                                                                                                                     | <b>Branch of Service:</b>                     |  |
|                                                                                                                                                                                                                                                                                                     | <b>AFSC/MOS:</b>                              |  |
| <b>Degree Program Major (with GPA):</b>                                                                                                                                                                                                                                                             |                                               |  |
| <b>School Attended/Attending:</b>                                                                                                                                                                                                                                                                   |                                               |  |
| <b>Commissioning Date (Month/Year):</b>                                                                                                                                                                                                                                                             |                                               |  |
| <b>Have you previously attended selection (if yes, when):</b>                                                                                                                                                                                                                                       |                                               |  |

| <u>Initial Fitness Test Results</u> |  |                 |  | IFT Test Date:            |  |
|-------------------------------------|--|-----------------|--|---------------------------|--|
| <b>1500m Swim:</b>                  |  | <b>Pullups:</b> |  | <b>Situps:</b>            |  |
| <b>3.0 Mile Run:</b>                |  | <b>Pushups:</b> |  | <b>2x25m Underwaters:</b> |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|
| <b>Commander Rank/Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Career Field Manager Rank/Name:</b> |  |
| <b>Contact (Email &amp; Phone):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Contact (Email &amp; Phone):</b>    |  |
| <b>Are you currently on a medical profile or do you have/require a waiver to carry out your normal AFSC duties? If yes, please explain:</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                        |  |
| <b>Do you currently have a condition/injury, acute or chronic, which may preclude you from participating in STO assessment physical activities? If yes, please explain:</b>                                                                                                                                                                                                                                                                                                                                                                                          |  |                                        |  |
| <b>Do you consent to a review of your medical/psychological records for STO assessment purposes:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                        |  |
| <b>Candidate acknowledgment statement:</b> <i>I hereby apply to become a Special Tactics Officer and volunteer to perform the duties inherent to Special Operations. I acknowledge that I can be removed from further assessment for any of the following reasons: 1) quitting through words or actions, 2) becoming a medical or safety risk, 3) committing an integrity violation such as lying, cheating, or stealing, or 4) failing to meet specified fitness standards. To the best of my knowledge, the information contained in this application is true.</i> |  |                                        |  |
| <b>Date:</b><br><i>(dd/mm/yy)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Candidate Signature:</b>            |  |

| INITIAL FITNESS TEST (IFT) WORKSHEET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                          |              |                                                 |                                |                                                                         |                         |             |                 |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|--------------|-------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|-------------------------|-------------|-----------------|--------|
| <b>I. TEST INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                          |              |                                                 |                                |                                                                         |                         |             |                 |        |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | START TIME | TEST SITE (NAME/ADDRESS) |              |                                                 |                                |                                                                         |                         |             |                 |        |
| RECRUITER / EVALUATOR ( <i>Rank, Last, First, MI</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | RIC CODE                 | UNIT         | Circle: NPS PS RET/Crossflow   AD Guard/Reserve |                                |                                                                         |                         |             |                 |        |
| <b>II. APPLICANT'S INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                          |              |                                                 |                                |                                                                         |                         |             |                 |        |
| NAME ( <i>Last, First, Middle Initial</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                          | Applicant ID |                                                 | Flight                         |                                                                         | Projected Enter AD/Tmng |             |                 |        |
| <b>III. INITIAL FITNESS TEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                          |              |                                                 |                                |                                                                         |                         |             |                 |        |
| <b>AIR FORCE SPECIAL WARFARE/SERE/EOD Initial Fitness Test Worksheet:</b><br>The purpose of the Initial Fitness Test (IFT) is to assess a candidate's physical abilities for entry into Air Force Special Warfare (AFSPECWAR), Explosive Ordnance Disposal (EOD), or Survival, Evasion, Resistance and Escape (SERE). This assessment is comprised of several timed events based on the candidate's desired Air Force Specialty. Candidates must pass every test component in one uninterrupted evaluation. Failure of any event will result in overall IFT failure.<br>Prior to starting the IFT, test administrators will brief all of the IFT component instructions to the candidates, include a detailed explanation and/or demonstration of proper calisthenics form, and ensure basic first aid is available throughout the assessment. The test administrators must conduct the IFT in the order and time limits listed on this form. When the IFT is complete, the test administrator should provide a signed copy of the worksheet to the candidate. Modifications to the IFT may be submitted to the OPR (AETC/A3LS) and will be coordinated with the DAF functional manager and career field managers for approval. |            |                          |              |                                                 |                                |                                                                         |                         |             |                 |        |
| <b>TEST COMPONENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                          |              | <b>Final Results</b>                            | <b>Pass Fail</b>               | <b>Air Force Specialty (AFS) IFT Standard - Circle AFS column title</b> |                         |             |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              | Basic SW EA 9T5                                 | PJ/CCT/TACP/SR 1Z1/1Z2/1Z3/1Z4 | EOD 3E8                                                                 | SERE 1T0                | TACPO 19ZXB | STO/CRO 19ZXA/C |        |
| Pull-ups in 2 Minutes (1 Minute for STO/TACPO/CRO) Total Repetitions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                          |              | P                                               | F                              | 8                                                                       | 8                       | 3           | 8               | 12     |
| 2-Minute Rest Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                          |              |                                                 |                                |                                                                         |                         |             |                 |        |
| Sit-ups in 2 Minutes Total Repetitions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                          |              | P                                               | F                              | 50                                                                      | 50                      | Not Tested  | 48              | 75     |
| 2-Minute Rest Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                          |              |                                                 |                                |                                                                         |                         |             |                 |        |
| Push-ups in 2 Minutes Total Repetitions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                          |              | P                                               | F                              | 40                                                                      | 40                      | Not Tested  | 40              | 64     |
| 10-Minute Rest Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                          |              |                                                 |                                |                                                                         |                         |             |                 |        |
| 1.5 Mile Run / 3 Mile Run for STO/TACPO/CRO Finish Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                          |              | P                                               | F                              | 10:20                                                                   | 10:20                   | 11:00       | 11:00           | 22:00  |
| 30-Minute Rest Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                          |              |                                                 |                                |                                                                         |                         |             |                 |        |
| 25m Underwater Swim 1 Go/No Go:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              | P                                               | F                              | Finish                                                                  | Finish                  | Not Tested  | Not Tested      | Finish |
| 3-Minute Cycle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                          |              |                                                 |                                |                                                                         |                         |             |                 |        |
| 25m Underwater Swim 2 Go/No Go:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              | P                                               | F                              | Finish                                                                  | Finish                  | Not Tested  | Not Tested      | Finish |
| 3-Minute Cycle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                          |              |                                                 |                                |                                                                         |                         |             |                 |        |
| 500m Surface Swim / 1500m for STO/CRO Finish Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                          |              | P                                               | F                              | 15:00                                                                   | 12:30                   | Not Tested  | Not Tested      | 12:30  |
| <b>IV. INITIAL FITNESS TEST ADDITIONAL REMARKS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                          |              |                                                 |                                |                                                                         |                         |             |                 |        |
| CANDIDATE QUALIFIED FOR AIR FORCE SPECIALTY: Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                          |              |                                                 |                                | Lap Times ( <i>Use spaces if needed</i> ) Component:                    |                         |             |                 |        |
| TEST ADMINISTRATOR COMMENTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                          |              |                                                 |                                | 1. 11. 21.                                                              |                         |             |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              |                                                 |                                | 2. 12. 22.                                                              |                         |             |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              |                                                 |                                | 3. 13. 23.                                                              |                         |             |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              |                                                 |                                | 4. 14. 24.                                                              |                         |             |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              |                                                 |                                | 5. 15. 25.                                                              |                         |             |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              |                                                 |                                | 6. 16. 26.                                                              |                         |             |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              |                                                 |                                | 7. 17. 27.                                                              |                         |             |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              |                                                 |                                | 8. 18. 28.                                                              |                         |             |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              |                                                 |                                | 9. 19. 29.                                                              |                         |             |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              |                                                 |                                | 10. 20. 30.                                                             |                         |             |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              |                                                 |                                |                                                                         |                         |             |                 |        |
| <b>V. CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                          |              |                                                 |                                |                                                                         |                         |             |                 |        |
| APPLICANT:<br>I certify that the applicable IFT was administered, and that all the information entered on this worksheet is accurate.<br>Enlisted candidates must pass the IFT within 60 calendar days prior to entering active duty or initial skills training.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                          |              | APPLICANT ( <i>Printed Name</i> )               |                                |                                                                         |                         | DATE:       |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              | APPLICANT SIGNATURE:                            |                                |                                                                         |                         |             |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              | EMAIL:                                          |                                |                                                                         |                         | PHONE:      |                 |        |
| TEST ADMINISTRATOR:<br>I certify that the IFT administered was conducted per the instructions on this form. I also certify the applicant named above was properly briefed and evaluated per the IFT instructions provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                          |              | ADMINISTRATOR ( <i>Printed Name</i> )           |                                |                                                                         |                         | DATE:       |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              | ADMINISTRATOR SIGNATURE:                        |                                |                                                                         |                         | UNIT:       |                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                          |              | EMAIL:                                          |                                |                                                                         |                         | PHONE:      |                 |        |



## VI. INITIAL FITNESS TEST ADMINISTRATION INFORMATION

**CCT/SR:** All candidates identified with an AFSPECWAR AFS (Air Reserve Component, Prior Service, Retrainee) must pass all applicable AFS IFT components to be eligible for AFSPECWAR. Air Reserve Component, and prior service candidates will have a designated Test Administrator provided by Air Force Recruiting Service. The Active Duty Retraining application IFT will be conducted by any Airman with a AFSPECWAR control AFSC, an Air Force Physical Fitness Assessment administrator, or commander appointed Physical Training Leader. All Retrainee candidates must also pass an IFT within 60 calendar days prior to initial training start date administered by a designated Candidate Development Sport Services (CDSS) Field Developer. Contact your AFSPECWAR Retraining point of contact for more information as needed.

**STO:** Candidate must pass all applicable AFS IFT components to be eligible to enter the Air Force, or cross-flow into 19ZX. IFT will be conducted by a designated test administrator. Contact your AFSPECWAR 19Z Application point of contact for more information as needed.

**Calisthenics:** Physical training (PT) clothes and running shoes are the only required clothing items. The first portion of the IFT consists of three calisthenics components; pull-ups, sit-ups, and push-ups. Each Air Force Specialty has a different standard or requirement. All candidates will perform each exercise to muscle failure or time completion, whichever occurs first. AFSPECWAR and SERE candidates are evaluated on all three components, while EOD candidates are evaluated on the pull-up component. The test administrator will designate counters if needed. The test administrator will start the timing device upon directing the candidates to begin the component, and will announce the remaining time, in 30 second intervals. The counter will count the number of correct repetitions out loud. If the candidate breaks correct form, the counter will repeat the last correct number performed (e.g., one, two, two, three, etc.), as well as give instruction on what was done incorrectly (e.g., chin not above the bar, keep your back straight, etc.). EOD candidates conducting the IFT with AFSPECWAR and SERE candidates will be allotted 18 mins between the pull-up component and the 1.5 mile run as the AFSPECWAR and SERE candidates complete the IFT sequence. EOD candidates conducting an IFT without other Air Force Specialties will at a minimum take the listed 10-minute rest period before the 1.5 mile run.

**Pull-ups:** Pull-ups are a two-count exercise. Starting position is hanging from a bar, palms facing away from the candidate with no bend in elbows and the head in the neutral position (dead-hang with eyes facing forward). Hand spread is approx shoulder width apart. Count one; pull the body up until the chin is above the highest point of the horizontal plane of the bar, maintaining the neutral position. Count two; return to starting position. Legs are allowed to bend, but must not be kicked or manipulated to aid upward movement. The starting position is the only authorized rest position. Adjustment of the hands is permitted; however, if the candidate falls off, releases from the bar or the candidate uses the ground to rest or assist, the exercise is terminated. If the candidate's feet inadvertently touch the ground, the repetition will not be counted. If the exercise is terminated, the repetitions performed prior to termination will be recorded.

**Sit-ups:** Sit-ups are a two-count exercise. Starting position is back flat on the ground or mat, fingers interlocked behind the head, head off the surface, and knees bent at approximately a 90-degree angle. Candidate's feet will be placed under a "toe-hold" bar or held by another individual. Count one; raise the upper torso until the back is perpendicular to the surface. Count two; return to the starting position. The exercise is continuous, if the candidate's buttocks rises from the surface or fingers are not interlocked behind the head during the repetition, the repetition will not be counted and feedback will be provided. There is no authorized rest position, so if the candidate stops, the exercise is terminated. If the exercise is terminated, the repetitions performed prior to termination will be recorded.

**Push-ups:** Push-ups are a two-count exercise. Starting position is the up position; hands approximately shoulder width apart, arms, back, and legs must remain locked straight with feet together. Count one; lower the body to the ground until the elbows are bent at a 90-degree or lower angle and parallel (shoulder to elbow) to the ground. Count two; return to the starting position. The only authorized rest position is the starting position. If the knees touch the ground the exercise is terminated. The exercise will also be terminated if the candidate raises their buttocks in the air, sags their middle to the surface, or raise any hand or foot from their starting position. If the exercise is terminated, the repetitions performed prior to termination will be recorded.

**1.5 or 3 Mile Run:** PT clothes and running shoes are the only required clothing items. The run must be conducted on an accurately measured course that is as level and even as possible, preferably a maintained running track. If a standard 400 meter track is used, the 1.5 mile timed run will be six laps plus 46 feet, or 12 laps plus 92 feet for the 3 mile timed run. If a non-standard 400 meter track or alternative route is used, the 1.5 mile timed run will be 2,640 yards (2,414 meters), or 5,280 yards (4,828 meters) for the 3 mile timed run. Route should not have exposure to traffic, a continuous incline or decline or rolling hills; and avoid slopes exceeding two degrees. If using a road course, where possible, the start and finish should be at the same location. Clearly mark the start and finish lines (and half-way point for road courses). The test administrator will start the timing device upon instructing the candidates to begin and will announce and annotate the time elapsed to each candidate as they complete each lap or specified section of the course.

**Subsurface/Surface Swim:** Only AFSPECWAR candidates complete the swim components of the IFT. Swimsuit, sports bra, and goggles/scuba mask are the only authorized equipment items. All swim components will be conducted in an aquatic facility, not open water. It is the responsibility of the Test Administrator to ensure the aquatic facility has a life guard or medical support on duty.

**2 x 25 Meter Underwater Swim:** This exercise is two-3 minute cycles consisting of an underwater swim and surface swim back to the starting point. When instructed, the candidate will take a breath, submerge, push off the pool wall and swim 25 meters underwater. When 25 meters has been reached, the candidate will then surface swim, any stroke, back to the starting point. The second underwater cycle starts at the end of the first 3 minute period. Complete the second cycle as listed above. If candidate breaks the water's surface during any portion of the underwater swim, the component will be terminated and considered a failure. Candidate must pass both cycles.

**500 or 1500 Meter Surface Swim:** This swim is conducted using the freestyle, breaststroke or sidestroke. The swim is continuous. If a member stops (e.g. rests holding on the side of the pool) any time or uses the bottom of the pool to assist, the test will be terminated and considered a failure of this event.

Date

MEMORANDUM FOR SPECIAL TACTICS ASSESSMENT BOARD

FROM: 1SOMXG/MXMG

SUBJECT: Personal Narrative

1. This document is provided to give the selection board an overall understanding of your character and personality. It should be clear, concise, and free of extra “fluff” statements. It should include your personal background, such as where you grew up, significant jobs/positions held, an explanation of your experiences and involvements before and during military service, an explanation of your perceived strengths and weaknesses, a discussion on what attracts you to become a Special Tactics Officer and why this is the right career for you.
2. The narrative will be formatted with 1-inch margins on the bottom, left, and right sides. The top margin will be between 1 inch and 1.5 inches depending on the heading you establish.
3. The heading format you see above should be followed with your own information entered in the FROM portion. The document may not exceed more than one page in length. Use Times New Roman with font size 12. Include a crest in the upper left-hand corner of your header like an official memorandum for record. See AFH 33-337 *The Tongue and Quill* or sister service equivalent for examples of an Official Memorandum for Record.



JOHN A. DOE, 1st Lt, USAF

Logistics Training Flight Commander

## PERSONAL RESUME

John Doe  
1st Lt, USAF

SSAN: XXX-XX-XXXX  
DOB: XX DEC XX  
AGE: XX

### SERVICE HISTORY

#### Sept 20 – Present

*Logistics Training Flight Commander*, 33 LSS, Eglin AFB, FL. Leads 15 personnel in five function elements. Manages all logistics training programs. Ensures dissemination of higher headquarters training directives throughout the wing. Develops monthly training plans and schedules training events for 2,200 wing personnel. Monitors and directs the on- the-job training program for over 1,600 enlisted personnel. Provides monthly status of training briefing for all commanders. Maintains and controls over \$50M in training assets. Advisor to Wing Commander on issues.

#### Jan 17 – May 18

*Cadet Squadron Commander*, US Air Force Academy, supervised discipline, training, and safety of 104 cadets...

**Cadets from USAFA and AFROTC should highlight any applicable leadership experiences or participation in any preparation programs in this section as well. Use Times New Roman and font size 10.**

### EDUCATION

|                               |                                      |      |
|-------------------------------|--------------------------------------|------|
| B.S. Professional Aeronautics | Embry Riddle Aeronautical University | 2010 |
| A.A.S. Industrial Management  | Northwest Florida State College      | 2010 |
| A.A.S. Airway Science         | Community College of the Air Force   | 2008 |

### PROFESSIONAL MILITARY EDUCATION (If applicable)

|                                  |      |
|----------------------------------|------|
| Non Commissioned Officer Academy | 2010 |
| Airman Leadership School         | 2007 |

### CERTIFICATION/AWARDS

USAFA Distinguished Graduate Army Air Airborne  
EMT Basic Certification  
PADI Open Water Diver Certification  
USAFA Superintendents List (Fall 08, Spring 09, Fall 10, Spring 10)

### PERSONAL INTERESTS

Fly Fishing, fitness, reading, skiing, rock climbing