Al Udeid Air Base Education Center DSN 318-455-6542 al_udeidbtes@auab.afcent.af.mil



TAPAS- Tailored Adaptive Personality Assessment System

Applicant Information PLEASE COMPLETE THIS WORKSHEET BY ENTERING ALL APPROPRIATE INFORMATION ** READ AND FILL ALL BLOCKS IF LEFT BLANK WE WILL BELIEVE IT IS NOT APPLICABLE **

First Name:	, MI:	Last Name:	
First Name:	Gender (M/F):	DOB (MM/D	D/YYYY):
Ethnicity:			
Race (Check all that apply)			
American Indian or Alaska Native		White	
Native Hawaiian or other Pacific Islander		Asian	
Black or African American			
Fill in the following about your cur	rent residence:		
Zip code	_ City, State _		
Check the entry that represents you	r highest level of educat	ion obtained:	
High School Gradua	-	1 Year (College
2 Years College		3 Year College	
Undergraduate Degree		Master'	-
Doctorate Degree			0
Enter education information:			
Undergraduate Institution:			
Undergraduate Major:			
Based on a 4-point scale, enter you	current cumulative grad	e point average to	two decimal places (3.25). (Note to
Pilot/CSO/ABM candidates: You w	vill be asked to show the	Test Examiner yo	our current transcripts)
Check the entry that indicates your	current status:		
AF Academy Cadet		ROTC Cadet/Applicant	
OTS Applicant (Enlist	OTS Applicant (Enlisted) OTS Applicant civilian		
Active Duty Officer			Pilot training Applicant
AF Reserve Pilot train	ning Applicant		ning AFSC
		None	of the above
Check the entry indicating your con	nmissioning source:		
AF Academy	ROTC	OTS	Other (explain)
Check the entry indicating your hig	hest aeronautical rating:		
None		Student pilot's license	
Private pilot's license		_ Commercial rat	ing
Airline transport rating	7		

Enter the total number of instructional and pilot in charge flying hours you have flown as a licensed and/or unlicensed pilot. (Note to Pilot/CSO/ABM candidates: you will be asked to show the test examiner your pilot logbook before taking the TAPAS test.) ______.

Check the entry(s) representing the type(s) of aircraft in which the flying hours you indicated in the previous question were accumulated)

Fixed wing Rotar	y wing		_ Single engine
Multi engine RPA			_ Other
Certified flight instructor			_ Not applicable
AFOQT test location (Optional)			
Email address (Optional)			
Have you ever taken the TAPAS before?	Yes	_ No	_
If yes, was the test within the last six (6) months?	Yes	No	` \T 1

If you answered yes to either question, stop and inform the text examiner, if No proceed.

Please initial each entry below.

_____To the best of my knowledge I am physically and emotionally fit to take the Tailored Adaptive Personality Assessment System test battery today.

I understand one retest of the TAPAS is allowed after 180 days from the original test date have passed. I am not aware of any physical or mental condition (i.e. personal stresses, sickness, lack of sleep, ETC), which will negatively impact my ability to perform up to my ability on the TAPAS.

I verify that the information on this candidate information worksheet is correct. I understand that falsification of any of the information on this worksheet will result in my disqualification from consideration for Air Force Pilot training.

I understand that discussion the contents of this test with anyone other than the test administrator will result in my disqualification from consideration for Air Force Pilot training. Further, I understand discussion or disclosure of controlled test material is a violation of Article 92, UCMJ, punishable by up to 2 years hard labor and dishonorable discharge from the Armed Forces.

Signature:

Date:

Date test administered:	
Examiner's Initials:	

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force; powers, duties, and delegation, as implemented by AFMAN 36-2664, Air Force Military Personnel Testing System, Executive Order 9397 (SSN) and Executive Order 13478 (PII). PURPOSE: Used to process and track Test of Basic Aviation Skills (TBAS) results. ROUTINE USES: For use in Personnel Selection/Classification. DISCLOSURE: Voluntary - Failure to provide SSN will result in disqualification for TAPAS testing AF SORN: F033 AF B, Privacy Act Request File, and F036 AF PC Q, Personnel Data Systems (PDS)