

# **SPECIAL OPERATIONS**

  

## **COMBAT AVIATION ADVISOR APPLICATION**



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1. GENERAL. The 492d Special Operations Wing (492 SOW) is home to the United States Air Force's active duty Combat Aviation Advisors who reside primarily in the 6th Special Operations Squadron but work throughout 492 SOW, and SOCOM. Candidates selected at the end of a challenging assessment and selection process are offered a position in the Combat Aviation Advisor (CAA) Mission Qualification Course (MQC) at Hurlburt Field, FL.

Combat Aviation Advisors are Air Commandos responsible for the conduct of special operations activities by, with, and through foreign aviation forces. CAAs are tasked to carry out Foreign Internal Defense, Security Force Assistance, and Unconventional Warfare missions on behalf of USSOCOM. CAAs are trained in a wide range of specialized skills that they use to carry out SOF Mobility, Intelligence, Surveillance and Reconnaissance, Adaptive Strike, and Agile Surface Integration. When directed, USSOCOM employs mission-tailored Operational Aviation Detachments (OAD) to support combatant commanders' regional objectives.

2. ELIGIBILITY. We are recruiting Airmen from the following AFSCs: K11XX (Instructor FW Pilot), K12XX (Instructor CSO), 14NX (Intel Officer), 13LX (ALO), K1A971 (Instructor SMA), K1A271 (Instructor LM), J1C471 (TACP/JTAC), 1N071/1N171A/1N771 (Enlisted Intel), 1P071 (Aircrew Flight Equipment), J1T071 (SERE), 1U071 (Sensor Operator), 2A571 (MX/Crew Chief), 3P071 (Security Forces), 3P071B (CATM), 3D173 (RF Trans), 3D171 (Client Systems), 4N071C (IDMT), 48R (Flight Surgeon) and 42G (Physician Assistant).

Candidates **must** have the following qualifications. Qualifications are based on mission requirements:

1. Be grade E-5 through E-7 or O-2 through O-5.
2. Enlisted must have completed 7 Skill level upgrade training or higher commensurate with grade.
3. Aircrew must be instructor qualified.
4. Have at least four years of experience in one of the aforementioned AFSCs. (1N7's must have 4 years intel experience prior to the 1N7 AFSC being created)
5. Be a U.S. citizen who is eligible for and able to maintain a TS/SCI clearance.
6. Be able to obtain 4 years retainability upon assignment to the 6 SOS.
7. Have a Defense Language Aptitude Battery (DLAB) score on file.
8. Have 80 or above on the Air Force physical fitness test with no component exemptions.
9. Be qualified for worldwide duty with no physical or medical restrictions.
10. Be able to qualify with firearms and have no stated aversion to using firearms.
11. CONUS candidates must have at least 2 years TOS prior to attending A&S.
12. OCONUS candidates must be within 1 year of their DEROS prior to attending A&S.

3. APPLICATION PACKAGE. Application requirements are governed IAW with SPECAT #44 ([https://www.afpc.af.mil/Portals/70/documents/04\\_ASSIGNMENT/04\\_DSD/SPECAT%20Sept%202018.pdf?ver=2018-10-04-102437-183](https://www.afpc.af.mil/Portals/70/documents/04_ASSIGNMENT/04_DSD/SPECAT%20Sept%202018.pdf?ver=2018-10-04-102437-183)). An application package is mandatory in order to receive an invitation to A&S, however it does not guarantee an invitation. Only complete applications will be considered. Compile all applicable tabs into a **SINGLE PDF FILE** and email completed application package to: [492sow.caa.hiring@us.af.mil](mailto:492sow.caa.hiring@us.af.mil)

The subject line of the email should state “CAA APPLICATION”. Title your pdf with your **rank, name and AFSC, i.e. “CAPT SAMUEL SMITH – 11S”**. Please prepare your application with the tabbed items listed below.

Please include your contact number (DSN and Comm) and government email.

The tabbed application must include:

TAB 1. Cover sheet (Reference the attached example Annex A)

TAB 2. A military resume. (**See/use Targeted Military Resume, Ref AFH 33-337, Tongue and Quill for format**) (Reference the attached example Annex B)

TAB 3. A copy of last 3 OPR/EPRs. Most recent on top in reverse chronological order.

TAB 4. One letter of recommendation from your home station squadron commander or equivalent.

TAB 5. Provide Defense Language Proficiency Test score if not included on your SURF. Contact your local education office for guidance if you have not already taken the DLAB.

TAB 6. A current copy of your SURF. From AFPC website, select AMS then select Personnel Information and then My Career Brief and then save as a PDF.

TAB 7. If you are Aircrew, ALO, or TACP, provide a copy of your AF Form 942, *Record of Evaluation*, copies of your AF Form 8, *Certificate of Aircrew Qualification (for Q2 or Q3s only)*, and a copy of your Flying History Report. AF Form 942 on top then AF Form 8 and then FHR, all with most recent on top in reverse chronological order.

TAB 8. Your official Physical Fitness Report or Tier 2 fitness report as applicable. Fitness assessments must be current with no component exemptions. If you are deployed at the time of application submittal please contact the CAA assessment and selection team for further guidance (492sow.caa.hiring@us.af.mil).

TAB 9. **Enlisted Only.** Enlisted applicants must provide a screenshot verifying they have volunteered for the assignment IAW with AMS announcement/SPECAT. If you do not see an AMS add for your specific AFSC please email the CAA assessment and selection team for guidance (492sow.caa.hiring@us.af.mil).

TAB 10. Completed Pre-Screen Consent form (Annex C)

TAB 11. Completed DD form 2870 (Annex D)

TAB 12. Completed Non-Disclosure Agreement (Annex E)

4. **ASSESSMENT.** All completed applications are reviewed and the most qualified applicants will be invited to attend Assessment and Selection. A&S is designed to determine suitability for individuals to conduct Special Operations Foreign Internal Defense, Unconventional Warfare and Security Force Assistance. The week will determine if you have specific attributes necessary to conduct the mission sets. During the week you will be observed and rated by A&S cadre while performing a wide variety of tasks. Observations and data collected will be used to provide recommendations to the final hiring authority. All candidates should be prepared physically and mentally to execute the week. Upon arrival (Sunday) all candidates will be administered a modified physical fitness evaluation. Failure to meet the minimum standards outlined in Annex E will result in your immediate dismissal from Assessment and Selection. Additionally Candidates should be prepared for the following:

- Ruck march over 5 miles at a 15 minute pace with 45 lbs
- Briefing and writing skills evaluations
- Problem solving events
- Leadership ability events
- Psychology testing and interviews
- Calisthenics of various exercises

5. **CONTACT.** If you have any questions, please contact the CAA Assessment and Selection team: Commercial (850) 881-5023 or email [492sow.caa.hiring@us.af.mil](mailto:492sow.caa.hiring@us.af.mil).

**ANNEX A - Cover Page**

**\*copy and paste the below template**

**Name/Rank:**

**AFSC/Position:**

**Airframe(s): List airframes qualified on if applicable to your AFSC**

**Current Duty Station:**

**Current Unit and MAJCOM:**

**Work DSN:**

**Government Email:**

**Age:**

**DLAB score:**

**Social Security Number:**

**Time On Station:**

**DEROS: If applicable**

**Marital Status:**

**Assignment Codes: If applicable (i.e. Code 50 / Code 43, etc)**

**Attended a previous AFSOC assessment: Yes /No If yes, when/what:**

**Commander Name/Rank:**

**Email/phone:**

**Supervisor Name/Rank:**

**Email/phone:**

## ANNEX B – Targeted Military Resume

*The Tongue and Quill*  
AFH 33-337, 27 MAY 2015

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### Targeted Résumé

KEVIN JONES  
6953 Oakside Drive  
Harris GA 30814-7606  
(706) 277-9999 (Home)  
(706) 285-8888 (Cell)  
kjones@peachtree.com

**JOB OBJECTIVE** Senior credit analyst in an engineering department with potential for advancement within the corporation.

**CAPABILITIES**

- Analyzed credit data to ...
- Prepared reports of ...
- Studied, researched, reported ...
- Evaluated ... and prepared reports ...
- Consulted with ... on ...

**ACHIEVEMENTS**

- Responsible for ...
- Supervised a staff of ... responsible for \$2 million inventory of ...
- Maintained ...
- Acted as ...
- Saved ... work hours and ... dollars ...

### EXPERIENCE

2007-present Senior Credit Analyst, Georgia South Corporation, Macon, Georgia 2001-  
2007 Credit and Collection Manager, General Electric, Clinton, New Jersey 1998-  
2001 Claims Examiner, Great Western, Billings, New Jersey

**EDUCATION** MBA in Finance, Pace University, Monroe, Connecticut, 2002  
BS in Accounting, Northeast College, Penham, Massachusetts, 1998  
(Honors graduate)

**Annex C - Pre Screen consent form.**

MEMORANDUM FOR RECORD 6 SOS HIRING

FROM:

SUBJECT: Pre-Screening, Assessment, and Interview Statement of Understanding

1. I voluntarily consent to participate in pre-screening, assessments, and interviews as part of my consideration for assignment to this organization.
2. I understand that this pre-screening information will be used for the following routine and principal purposes:
  - a. To help determine my suitability to work in this organization.
  - b. As part of a database used to validate current and future selection procedures.
3. I understand that the information collected will only be used for the above listed purposes, and will not be released or used outside the organization without my written consent, unless required by law or regulation. Examples of these exceptions include occasions where the interviewer has evidence of unreported or ongoing child or spouse abuse, other domestic violence, previously unreported legal or UCMJ violations, previously unreported security clearance update information, believes I intend to harm myself or others, or when a judge orders a release of information via subpoena.
4. I understand that my electronic medical records (to include any medical, mental health, substance abuse, or family advocacy information maintained by a Military Treatment Facility) will be accessed by this organization's medical staff to help determine my medical readiness with respect to working in this organization. This information may be further reviewed and discussed with medical staff and/or a psychologist as part of the Job Compatibility Assessment during an in-person assessment. Additionally, any relevant medical readiness information may be shared with CAA Hiring Division personnel and the CAA Hiring Authority at time of pre-screening and/or an in-person assessment.
5. Pre-screening and assessment information may be maintained in both paper and electronic formats. Electronic records include security measures to maintain as much confidentiality as possible (password protected, encrypted when possible), and may need to be electronically transmitted through secure military networks at times.
6. I understand I have the right to refuse to answer any question any may stop the pre-screening, assessment, or interview process at any time. I further understand that withdrawal of my voluntary consent may prevent favorable consideration of my application.
7. Other than this hiring action, I understand that there will be no adverse effect on me for not furnishing information or consenting to this Pre-Screening Assessment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print – Full First, Middle and Last Name

\_\_\_\_\_  
Witness – Full First, Middle and Last Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Annex D - DD Form 2870**

(SEE NEXT PAGE)

**AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION**

**PRIVACY ACT STATEMENT**

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

**AUTHORITY:** Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.

**PRINCIPAL PURPOSE(S):** This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

**ROUTINE USE(S):** To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

**DISCLOSURE:** Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

**SECTION I - PATIENT DATA**

1. NAME (Last, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. SOCIAL SECURITY NUMBER
4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD)	5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH	

**SECTION II - DISCLOSURE**

6. I AUTHORIZE \_\_\_\_\_ TO RELEASE MY PATIENT INFORMATION TO:  
 (Name of Facility/TRICARE Health Plan)

a. NAME OF PERSON OR ORGANIZATION TO RECEIVE MY MEDICAL INFORMATION	b. ADDRESS (Street, City, State and ZIP Code)
c. TELEPHONE (Include Area Code)	d. FAX (Include Area Code)

7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable)  
 PERSONAL USE     CONTINUED MEDICAL CARE     SCHOOL     OTHER (Specify)  
 INSURANCE     RETIREMENT/SEPARATION     LEGAL

8. INFORMATION TO BE RELEASED

9. AUTHORIZATION START DATE (YYYYMMDD)	10. AUTHORIZATION EXPIRATION <input type="checkbox"/> DATE (YYYYMMDD) <input type="checkbox"/> ACTION COMPLETED
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**SECTION III - RELEASE AUTHORIZATION**

I understand that:

a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.

d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT (If applicable)	13. DATE (YYYYMMDD)
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**SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)**

14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE (YYYYMMDD)
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17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE	SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:
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**Annex E – Non-Disclosure Agreement**

(SEE NEXT PAGE)



DEPARTMENT OF THE AIR FORCE  
492D SPECIAL OPERATIONS WING (AFSOC)



24 January 18

MEMORANDUM FOR RECORD

SUBJECT: Voluntary Consent, Release and Non-Disclosure Agreement

1. I agree to provide truthful and complete information on all written questionnaires and during verbal interviews administered on behalf of the CAA Assessment and Screening process. I am aware that my responses will become part of my record and should be a totally open and honest report. I consent to the use of my personal information and responses for the purpose of identifying and selecting potentially successful candidates for Combat Aviation Advisor (CAA) duties. I understand that the security of selection questions and methods is critical to the quality of future CAA manning and safety. I agree to protect the security of these methods by not disclosing questions or evaluation methods used.

I CONSENT AND AGREE

YES

NO

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

## **Annex F - Assessment and Selection Fitness Evaluation standards.**

Upon arrival to Combat Aviation Advisor Assessment and Selection all candidates will be administered a fitness evaluation. This fitness evaluation is used to determine your readiness to complete the Assessment and Selection week and data for the Combat Aviation Advisor hiring authority. During the fitness assessment candidates will conduct push-ups, sit-ups, a timed 3 mile run and pull-ups. The Go/No Go to continue with Assessment and Selection will be determined by your composite score IAW with AFI 36-2905 for the push-ups, sit-ups, and 1.5 mile time during the 3 mile run. Your score for pull-ups and the total 3 mile run time is used as an evaluation tool for the hiring authority. Failure to score a Satisfactory (75-89.99) will result in dismissal from Assessment and Selection. All candidates should strive to exceed the minimum standards before arriving at Assessment and Selection.

### Instructions for the Push-up

\*IAW with AFI 36-2905

[3 minutes between push-up and sit-up]

### Instructions for the Sit-up

\*IAW with AFI 36-2905

[10 minutes between sit-up and run]

### Instructions for the Run

Read aloud to candidates: You will now perform a 3 mile run. Your time on the first 1.5 miles will be used to measure your cardio-respiratory fitness and be measured to USAF target component values. Prior to beginning the run, you may complete up to a 3 minute warm up. You will line up behind the starting line and will be instructed to begin running as I start the stopwatch. No physical assistance from anyone or anything is permitted. You are required to stay on and complete the entire marked course. Leaving the course is disqualifying and terminates the test. Your completion time will be recorded when you cross the finish line at 1.5 miles. If at any time you are feeling in poor health, you are to stop running immediately and you will be given assistance by a medical team member. After you complete the 1.5 mile run, you will not stop. You will continue to run another 1.5 miles for a total of 3.0 miles. Do not stop running after a cadre member tells you are have finished the 1.5 mile run. You will receive a time for the 1.5 mile run as well as for the 3.0 mile distance

[5 minutes between run and pull-ups]

### Instructions for the Pull-up

Read aloud to candidate: You will now perform as many pull-ups as you can in one minute. Cadre will count your repetitions. Pull-ups are a two-count exercise. Starting position is hanging from a bar, palms facing away from the member with no bend in elbows. Hand spread is approximately shoulder width apart. Count one; pull the body up until the chin clears the top of the bar. Count two; return to starting position. Legs are allowed to bend, but must not be kicked or manipulated to aid upward movement. If the member falls off, stops, or releases the bar, the exercise is terminated. Cadre will only count the number of repetitions performed correctly.