LOCAL NATIONAL
MILITARY SPOUSE/FAMILY MEMBER
QUESTIONNAIRE

Name			
Name of Sponsor:			
Grade/Rank of Sponsor:		Sponsor's DEROS	
Sponsor's Mailing Address			
Sponsor's Phone Number	Home:	Work:	

☐	Spouse of Military Sponsor	☐	Child of a Military Sponsor
☐	Spouse of Civilian Sponsor	☐	Child of a Civilian Sponsor
☐	Spouse of a US Citizen working for a Contractor (not eligible for Family Member Preference)		

What preference do you claim for employment: ☐ Military Spouse Preference
☐ Family Member Preference
To determine eligibility see MSP/FMP wizard on our home page

A copy of the Sponsor's PCS-Orders and a copy of the ID Card must be provided upon request.

Date:	Signature