

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME BOLTON KENNETH WAYNE			2. SEX M	3. SOCIAL SECURITY NUMBER [REDACTED]			4. DATE OF BIRTH YEAR: 51 MONTH: Nov DAY: 24
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF			6 a. GRADE, RATE OR RANK Sergeant		b. PAY GRADE E4	7. DATE OF RANK YEAR: 72 MONTH: Jul DAY: 01	
8 a. SELECTIVE SERVICE NUMBER 09 034 51 1429		8 b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE LB#34, MARIETTA, COBB, GA			8 c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) 4413 Chelou Dr Austell, GA 30001		
9 a. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY				9 b. STATION OR INSTALLATION AT WHICH EFFECTED Robins AFB, Warner Robins, Georgia 31098			
10. AUTHORITY AND REASON						d. EFFECTIVE DATE YEAR: 74 MONTH: Jun DAY: 03	
11. CHARACTER OF SERVICE HONORABLE					12. TYPE OF CERTIFICATE ISSUED N/A		10. REENLISTMENT CODE
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND DET 1, 19BOMB WG (SAC)				12. COMMAND TO WHICH TRANSFERRED United States Air Force Reserve			
13. TERMINAL DATE OF RESERVE/MSB OBLIGATION YEAR: 76 MONTH: Sep DAY: 08		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) ATLANTA, GA				15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR: 70 MONTH: Sep DAY: 09	
16 a. PRIMARY SPECIALTY NUMBER AND TITLE 81150 - Security Policeman		16 b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 372.868 - Guard		18. RECORD OF SERVICE			YEARS MONTHS DAYS
				(a) NET ACTIVE SERVICE THIS PERIOD			03 08 25
				(b) PRIOR ACTIVE SERVICE			00 00 00
17 a. SECONDARY SPECIALTY NUMBER AND TITLE None		17 b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER None		(c) TOTAL ACTIVE SERVICE (a + b)			03 08 25
				(d) PRIOR INACTIVE SERVICE			00 00 00
				(e) TOTAL SERVICE FOR PAY (c + d)			03 08 25
				(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD			00 10 05
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 12 YRS (1 - 12 grades) COLLEGE - YRS			
21. TIME LOST (Preceding Two Yrs.) No Time Lost (0)		22. DAYS ACCRUED LEAVE PAID 29.0		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT	
				25. PERSONNEL SECURITY INVESTIGATION a. TYPE LNAC		b. DATE COMPLETED 12 Oct 70	
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM, AFGCM (8 Sep 73), VSM, RVCM - AFM 900-3.							
27. REMARKS Security Policeman Crse 3AZR81130. Patrol Dog Handler Crse 3AIR81130A-1. Blood Group: O Positive. DAFSC: 81150. AGE Cluster: M30, A20, G40, E45. "I have been counseled as to conditions for my reentry into the Air Force and I understand that every former Air Force member must meet the enlistment standards in effect at the time of his application."							
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) Same as Item 8c.				29. SIGNATURE OF PERSON BEING SEPARATED <i>Kenneth Wayne Bolton</i>			
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER HERBERT O HARDEGREE, MSgt, USAF Chief, Career Assistance Section				31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Herbert O Hardegree</i>			

DD FORM 214
1 NOV 72

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

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REPORT OF SEPARATION FROM ACTIVE DUTY

325

REPORT OF INVESTIGATION

REPORT NUMBER: 100001

REPORT DATE: 08/03/00

REPORTING OFFICE: [Blank]

REPORTING OFFICER: [Blank]

REPORTING OFFICER'S TITLE: [Blank]

REPORTING OFFICER'S ADDRESS: [Blank]

REPORTING OFFICER'S PHONE NUMBER: [Blank]

REPORTING OFFICER'S FAX NUMBER: [Blank]

REPORTING OFFICER'S E-MAIL ADDRESS: [Blank]

REPORTING OFFICER'S BUSINESS ADDRESS: [Blank]

REPORTING OFFICER'S BUSINESS PHONE NUMBER: [Blank]

REPORTING OFFICER'S BUSINESS FAX NUMBER: [Blank]

REPORTING OFFICER'S BUSINESS E-MAIL ADDRESS: [Blank]

REPORTING OFFICER'S BUSINESS ADDRESS: [Blank]

REPORTING OFFICER'S BUSINESS PHONE NUMBER: [Blank]

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REPORTING OFFICER'S BUSINESS E-MAIL ADDRESS: [Blank]

REPORTING OFFICER'S BUSINESS ADDRESS: [Blank]

REPORTING OFFICER'S BUSINESS PHONE NUMBER: [Blank]

REPORTING OFFICER'S BUSINESS FAX NUMBER: [Blank]

REPORTING OFFICER'S BUSINESS E-MAIL ADDRESS: [Blank]

TITLE: [Blank]

CHARACTER OF OFFENSE: [Blank]

DATE OF OFFENSE: [Blank]

LOCATION OF OFFENSE: [Blank]

REPORTING OFFICER'S SIGNATURE: [Blank]

REPORTING OFFICER'S TITLE: [Blank]

REPORTING OFFICER'S ADDRESS: [Blank]

REPORTING OFFICER'S PHONE NUMBER: [Blank]

REPORTING OFFICER'S FAX NUMBER: [Blank]

REPORTING OFFICER'S E-MAIL ADDRESS: [Blank]

DATE	TIME	LOCATION	DESCRIPTION
08/03/00	08:00	[Blank]	[Blank]
08/03/00	08:00	[Blank]	[Blank]
08/03/00	08:00	[Blank]	[Blank]
08/03/00	08:00	[Blank]	[Blank]
08/03/00	08:00	[Blank]	[Blank]
08/03/00	08:00	[Blank]	[Blank]

REPORTING OFFICER'S SIGNATURE: [Blank]

REPORTING OFFICER'S TITLE: [Blank]

REPORTING OFFICER'S ADDRESS: [Blank]

REPORTING OFFICER'S PHONE NUMBER: [Blank]

REPORTING OFFICER'S FAX NUMBER: [Blank]

REPORTING OFFICER'S E-MAIL ADDRESS: [Blank]

REMARKS:

[Blank]

CONCLUSIONS:

[Blank]

RECOMMENDATIONS:

[Blank]

ADDITIONAL COMMENTS:

[Blank]