

Hubbs, Neal

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME, FIRST NAME, MIDDLE NAME HOBBS NEAL KEITH		2. SERVICE NUMBER AF13892607		3. SOCIAL SECURITY NUMBER 4267	
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AFR FORCE RegAF		5a. GRADE, RATE OR NAME SSGT	5b. PAY GRADE B5	6. DATE OF NAME DAY MONTH YEAR 1 May 69	
7. PLACE OF BIRTH (City and State or Country) Upland PA		8. DATE OF BIRTH DAY MONTH YEAR 19 Oct 46			
17a. SELECTIVE SERVICE NUMBER 36 60 46 779		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LS #60, Media, Delaware, PA		c. DATE INDUCTED DAY MONTH YEAR NA	
11. TYPE OF TRANSFER OR DISCHARGE Release from active duty		12. STATION OR INSTALLATION AT WHICH EFFECTED McChord AFB Tacoma Washington			
13. REASON AND AUTHORITY Gen B Chap 3 AFM 59-10		14. CHARACTER OF SERVICE HONORABLE		15. TYPE OF CERTIFICATE ISSUED NA	
16. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 31 SPS PACAF		17. CHARACTER OF SERVICE HONORABLE		18. RESIGNMENT CODE 1	
19. DISTRICT AREA COMMAND OR CODE TO WHICH ASSIGNMENT TRANSFERRED AFR		20. DATE OF ENTRY DAY MONTH YEAR 25 Jan 66			
21. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (After Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER AF-T-76 (40-III)		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Phila. PA		23. STATEMENT OF SERVICE	
24. MONTHS OF REGULAR ENLISTMENTS None		25. SOURCE OF ENTRY INTO CURRENT ACTIVE SERVICE Arman Basic		26. CREDITABLE FOR BASIC PAY PURPOSES	
27. POINT OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 2403 6th Ave., Boothwyn, Delaware Co., PA 19061		28. RELATED CIVILIAN OCCUPATION AND O.C.T. NUMBER Unknown		29. STATEMENT OF SERVICE	
30. EDUCATION AND TRAINING COMPLETED Bsc Mil Eng BND0010, 1966 AF Crs ABR77150, 1966 AF Recds Maint & Disposition Crs, 1966 AF Supv MCI Crs 77150, 1967 SP Cbt Prep Crs 5A2RB1150, 1966		31. PRESUMED IN FORCE (YES or NO) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		32. MONTHS ALLOTMENT (DISCONTINUED)	
33. NON-FY PAYMENTS/ TIME LOST (Specify the Type) No time lost		34. REPAYMENT OF GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$1,000 <input type="checkbox"/> 5,000 <input type="checkbox"/> NONE		35. MONTHS ALLOTMENT (DISCONTINUED) NA	
36. REMARKS High School-Grad. Blood Group A-Neg. AGE Scores: M45 A75 G70 B65. UDSD:10Dec69. SI, 29Apr68, 158 DO-OHI. I have been counseled as to conditions for reentry into the AF and I understand that every former AF member must meet the enlistment standards in effect at the time of his application.					
37. PREVIOUS ADDRESS FOR BASIC PAY PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same as item #21.		38. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED Neal K. Hobbs			
39. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER SHARL ROSSBERG 1ST LT USAF CHIEF PORT SEPARATION SECTION		40. SIGNATURE OF OFFICER AUTHORIZED TO SIGN [Signature]			

DD FORM 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

