

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME KAMMER JOHN THEODORE			2. SEX M	3. SECURITY NUMBER 55 40 1777	4. DATE OF BIRTH YEAR 48 MONTH AUG DAY 08
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF			6. GRADE, RATE OR RANK SSGT	7. PAY GRADE E-5	8. DATE OF RANK YEAR 71 MONTH APR DAY 01
9. SELECTIVE SERVICE NUMBER 28 10 48 401		10. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE 10 CAPE MAY NJ		11. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) 300 WINSTON AVE N. CAPE MAY NJ	
12. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY			13. STATION OR INSTALLATION AT WHICH EFFECTED MCGUIRE AFB NJ		
14. AUTHORITY AND REASON AFM 39-10 (SDN 203)				15. EFFECTIVE DATE 73	16. MONTH DEC
17. CHARACTER OF SERVICE HONORABLE				18. TYPE OF CERTIFICATE ISSUED NA	19. REENLISTMENT CODE RE-1
20. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 438 MAW (MAC)			21. COMMAND TO WHICH TRANSFERRED USAFR		
22. TERMINAL DATE OF RESERVE/MSO OBLIGATION YEAR 74 MONTH FEB DAY 22		23. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) PHILADELPHIA PA		24. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR 68 MONTH APR DAY 17	
25. PRIMARY SPECIALTY NUMBER AND TITLE 79170 INFORMATION SPECL		26. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 165.068 PUBLIC RELATIONS MAN I		27. RECORD OF SERVICE	
28. SECONDARY SPECIALTY NUMBER AND TITLE 81270 LAW ENFORCEMENT SPECL		29. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 375.268 PATROLMAN		27. RECORD OF SERVICE (continued)	
30. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 365 DAYS		31. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 12 YRS (1-12 grades) COLLEGE ___ YRS			
32. TIME LOST (Preceding Two Yrs.) NO TIME LOST	33. DAYS ACCRUED LEAVE PAID SEE#27	34. 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		35. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT _____	
36. PERSONNEL SECURITY INVESTIGATION a. TYPE *BI b. DATE COMPLETED 71MAY26					
37. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM AFM 900-3 AFLSA VSM AFOUA RVCM AFM 900-3 AFGCM (68APR17-71APR16) AFM 900-3					
38. REMARKS BLOOD GROUP-A POS; AQE: M75 A65 G85 E90; AFQT: 832; DAFSC: 79150; ACCRUED LEAVE NOT AVAILABLE AT THE TIME OF SEPARATION; *ITEM #25A: BI FILED AF/OSIN WASHINGTON DC 20314; I HAVE BEEN COUNSELED AS TO CONDI- TIONS FOR MY REENTRY INTO THE AIR FORCE AND I UNDERSTAND THAT EVERY FORMER AIR FORCE MEMBER MUST MEET THE ENLISTMENT/REENLISTMENT STANDARDS IN EFFECT AT THE TIME OF APPLICATION					
39. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) RD#1 BOX 109 CAPE MAY (CAPE MAY) NJ 08204				40. SIGNATURE OF PERSON BEING SEPARATED <i>John T. Kammer</i>	
41. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER W.C. JONES, CMSGT, USAF CHIEF PORT SEPARATION FACILITY				42. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>W.C. Jones</i>	


