

**THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.**

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>STASTNY JAMES JOSEPH</b>			2. SERVICE NUMBER <b>N/A</b>		3. SOCIAL SECURITY NUMBER <b>336 40 5377</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE (RegAF)</b>			5a. GRADE, RATE OR RANK <b>SGT</b>	b. PAY GRADE <b>E-4</b>	6. DATE OF RANK DAY MONTH YEAR <b>01 Mar 70</b>			
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Chicago, Ill</b>			9. DATE OF BIRTH DAY MONTH YEAR <b>03 Aug 49</b>			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>11 106 49 0258</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>66074 LB #106, Berwyn, Ill</b>			c. DATE INDUCTED DAY MONTH YEAR <b>N/A</b>			
	11 a. TYPE OF TRANSFER OR DISCHARGE <b>Release From Active Duty</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Hamilton AFB, Novato, Ca</b>				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>AFM 39-10, Ch 3, Sec A (SDN 203)</b>				d. EFFECTIVE DATE DAY MONTH YEAR <b>27 Mar 72</b>				
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>4661 Sec Pol Sq (ADC)</b>				13 a. CHARACTER OF SERVICE <b>HONORABLE</b>		b. TYPE OF CERTIFICATE ISSUED <b>N/A</b>		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAFR</b>				15. REENLISTMENT CODE <b>1</b>				
	16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION DAY MONTH YEAR <b>20 Dec 73</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER <b>APQT: 902</b>			b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY DAY MONTH YEAR <b>28 Mar 68</b>		
18. PRIOR REGULAR ENLISTMENTS <b>None (0)</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB E-1</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Chicago, Ill</b>					
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>1506 Harvey Ave Berwyn, Cook, Ill 60402</b>		22. STATEMENT OF SERVICE							
23a. SPECIALTY NUMBER & TITLE <b>81150A Security Spec.</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>Guard, Sergeant</b>		a. CREDITABLE FOR BASIC PAY PURPOSES					
				(1) NET SERVICE THIS PERIOD		<b>04</b>	<b>00</b>	<b>00</b>	
				(2) OTHER SERVICE		<b>00</b>	<b>00</b>	<b>00</b>	
				(3) TOTAL (Line (1) plus Line (2))		<b>04</b>	<b>00</b>	<b>00</b>	
				b. TOTAL ACTIVE SERVICE		<b>04</b>	<b>00</b>	<b>00</b>	
				c. FOREIGN AND/OR SEA SERVICE		<b>01</b>	<b>00</b>	<b>00</b>	
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM, VSM W/1 BSS, RVCM</b>									
25. EDUCATION AND TRAINING COMPLETED <b>Security Policeman Crse 3ABR81130, 68. Sec Policeman-Sec Police Supvr (ECI), (Corr), 81150, 69. Sec Policeman-Sec Police Supvr (ECI), 81110, 69. Patrol Dog Handler Transition Course 3ABR81150A PDS Code: LUB, 71.</b>									
VA AND EMP. SERVICE DATA	26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>No Time Lost</b>			b. DAYS ACCRUED LEAVE PAID		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>\$ N/A</b>	c. MONTH ALLOTMENT DISCONTINUED <b>N/A</b>
				28. VA CLAIM NUMBER <b>C- N/A</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE <b>\$15,000</b>			
REMARKS	30. REMARKS <b>Blood Group A Pos. AQE: G-65, A-70, M-70, E-65. DAFSC 81150A. LNAC, 18Apr68, DOD NACC, Wash, D. C. File #99-1565. High School Grad. Indochina-No; Korea-No, Vietnam-Yes. I have been counseled as to the conditions for my reentry into the Air Force and I understand that every former Air Force member must meet the enlistment standards at the time of his application.</b>								
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>Same As Item #21</b>				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED				
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>Earl O. Hitchings, MSGT., USAF NCOIC, R&amp;S Section.</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 				