



US SPECIAL OPERATIONS COMMAND (USSOCOM) GHOST APPLICATION



NAME (Last, First, MI):	Grade:	Security Clearance:
APDP Certifications:	Current Base:	
Work Email Address:	Cell Phone Number:	
Work Phone Number:	Next Expected PCS/A:	
Core AFSC/DAFSC (mil) or Career Field (civ):		DOR (mil):
Preferred Rotation Dates (List all desired/available)		Professional References
1.	List three to include relationship and contact information	
2.	1.	
3.	2.	
4.	3.	
5.		
6.		
7.		

1. Why are you a good fit for the Ghost Program? (Limit 1200 Characters)

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2. What do you hope to achieve in the Ghost Program and how will it make you an asset for future assignments? (Limit 1200 Characters)

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3. Provide example(s) from your career that demonstrate initiative and an ability to work within a team. (Limit 1200 characters)

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Send consolidated PDF file (not portfolio) via DODSafe to FW_Ghost@socom.mil containing the following: Endorsement letter from O-6/GS-15/NH-04 + (must be in applicant's chain of command), SURF (mil) or APDP Record (civ), Last 3 OPRs/OPBs (mil) or Performance Appraisals (civ), Fitness score sheet (ensure test history is included) (mil), Resume (civ). Use passcode: socomghost