DICTIONARY OF OCCUPATIONAL TITLES (DOT)
SKILLS QUESTIONNAIRE

COMNAVRESFORINST 1001.5A

NOTE: Complete Front and Back of Form. Instructions for completion are on Reverse of Form.

PRIVACY ACT STATEMENT: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC, 301 DEPARTMENTAL REGULATIONS. THE PRINCIPAL PURPOSE IS TO ENABLE EVALUATION OF CIVILIAN SKILLS AND EDUCATION. THE INFORMATION WILL BE USED TO CODIFY EMPLOYMENT FOR ENTRY INTO THE MANPOWER AND PERSONNEL MANAGEMENT INFORMATION SYSTEM FOR MOBILIZATION GUIDANCE. YOU ARE REQUIRED TO PROVIDE THIS INFORMATION. FAILURE TO PROVIDE THIS INFORMATION COULD RESULT IN YOUR TERMINATION FROM AN ACTIVE DRILLING STATUS.

1. NAME: (Last, First, MI)	2. SSN:	3. RANK/RATE	4. YEARS OF EDUCATION COMPLETED: (Circle)
			8 9 10 11 12 13 14 15 16 17+

5. CURRENT SCHOOL STATUS (CIRCLE APPROPRIATE CODE)

CODE	DESCRIPTION
9	Currently in high school - not yet high school senior
S	Currently in high school and a high school senior
1	Not in high school and has less than a high school diploma
E	Test base equivalent high school diploma (GED)
C	Occupational program certificate. Attended a non-correspondence vocational, technical or proprietary school
7	Correspondence school diploma
B	Adult education diploma, alternate high school diploma
H	Home study diploma

CODE	DESCRIPTION
J	High school certificate of attendance, alternate high school diploma
L	High school diploma
8	Completed one semester of college
D	Associate degree
G	Professional nursing degree
K	Baccalaureate degree
W	First professional degree
N	Master's degree
R	Post Master's degree
U	Doctorate degree

College Major _____

DATE DEGREE AWARDED _____ (YYMMDD)

6. OCCUPATION RESUME

A. CIVILIAN JOB TITLE:	B. DATE OF EMPLOYMENT	C. CURRENT JOB STATUS ☐ FULL TIME ☐ PART TIME ☐ SELF-EMPLOYED

D. TYPE OF INDUSTRY: (i.e., Automotive, Railroad, Clerical, Retail, Medical)

E. TOOLS/EQUIPMENT USED:

F. LEVEL OF EMPLOYMENT: (Check appropriate block)
☐ APPRENTICE ☐ JOURNEYMAN ☐ SUPERVISOR ☐ MANAGEMENT ☐ NOT APPLICABLE

G. JOB DESCRIPTION: (Limited to 1000 characters)

7. VERIFICATION OF DOT

"I certify that the information on the reverse of this form is correct to the best of my knowledge."

Date	Signature of Member	Date	Signature of Member

FOR OFFICE USE ONLY

8. DOT CODE: (Refer to #6A)	9. EDUC: (Refer to #4)	10. SCHST: (Refer to #5)	11. RSTARS ACTION NUMBER:

12. VERIFIED BY: (Last, First MI)	13. SIGNATURE:	14. DATE:	15. GI BILL COORD. INITIALS:

INSTRUCTIONS

BLOCKS 1 - 7 TO BE COMPLETED BY MEMBER; BLOCKS 8-15 BY COMMAND

Blocks 1 - 5 Self-explanatory

Block 6A List current civilian job

Block 6B Self-explanatory

Block 6C Check applicable box
- Full-time — 40 hours a week
- Part-time — Less than 40 hours a week
- Self-employed — Self-explanatory

Block 6D Self-explanatory

Block 6E List all tools and equipment used in your occupation. In addition, list any other tools/equipment that you can use.

Block 6F Check appropriate level of employment
- Apprentice - A worker who learns, according to written or oral contract/agreement.
- Journeyman - A worker who has completed a specified trade program and is certified to work at it.
- Supervisor - A person who oversees an individual or group of individuals work.
- Management - A person or persons who directs or controls the affairs of a business.
- Not Applicable — Self-explanatory

Block 6G Job description. This field is limited to 1000 characters. Complete this block as follows:
List any education level skills, hobbies, or job qualifications which are not reflected in the DOT questionaire.
In addition, list any foreign language skills you may have. This is a narrative field, so explain in detail. All entries will be completely spelled out to facilitate a word search on the field (e.g., Electrical Engineer vice Elec. Eng).
Also enter an effective date on all listed qualifications so currency of skill can be assessed.

Block 7 To be completed at affiliation, initial enlistment and annually upon Annual Training/Active Duty Training processing.