

APPLICATION FOR NATIONAL GUARD MILITARY DUTY PROGRAM

SECTION 1

NOTE: APPLICANTS ONLY NEED TO COMPLETE SECTION 1 AND REVERSE

NAME (LAST, FIRST, MI)		SSAN	GRADE/RANK	ANNOUNCEMENT NO.	
PAFSC	DAFSC	CAFSC	ADDITIONAL AFSCs	AERO RATING	
CURRENT SQUADRON/FLIGHT/UNIT		DATE OF BIRTH	FLYING STATUS	SECURITY CLEARANCE	
EMAIL ADDRESS / DAYTIME NUMBER		HOME ADDRESS			
APPLICANT SIGNATURE		DATE	CURRENT STATUS	DATE AVAILABLE	

(IF CURRENTLY EMPLOYED "FULL-TIME" BY KANG OBTAIN IMMEDIATE SUPERVISOR'S SIGNATURE)

SUPERVISOR SIGNATURE

SECTION 2

TYPE OF TOUR: (COMPLETED BY SELECTING COMMANDER)

___ YEAR TOUR ___ TEMPORARY NTE _____ ___ PROBATIONARY NTE _____

EFFECTIVE DATE OF TOUR: _____ **ETS:** _____ **PHYSICAL EXAM DATE:** _____

**EMPLOYMENT POSITION FOR WHICH APPLYING
(TO BE COMPLETED BY FULL TIME MANPOWER OFFICE)**

PAS CODE	SQUADRON/FLIGHT	ANG AD CODE			
DAFSC	UDMG FAC	UMDG POS NO.			
TITLE	AUTH GRADE	CIV GRADE	COMPATIBLE AFSCs		
TAFMS (YYMMDD)	TYSD (OFFICER ONLY)		HRO VERIFIED BY:		

MSF/FTM VERIFICATION

THE ABOVE NAMED INDIVIDUAL IS/IS NOT ELIGIBLE FOR ENTRY/REASSIGNMENT ON FULL-TIME/TEMP ACTIVE DUTY UNDER THE PROVISIONS OF ANGI 36-101. (ELIGIBLE PROVIDED INDIVIDUAL MEETS/COMPLETES THE FOLLOWING:)

- | | |
|---------------------------------|---|
| ___ INDIVIDUAL IS CURRENTLY AGR | ___ AFCT/ASVAB/AFOQT TESTING |
| ___ MEDICAL CERTIFICATION | ___ WAIVER FOR _____ |
| ___ PHYSICAL EXAM | ___ ENLISTMENT/APPOINTMENT/REENLISTMENT/
EXTENTION |
| ___ NEGATIVE PREGNANCY TEST | |
| ___ HIV | |

REMARKS:

SIGNATURE (MSF DP/SUPERINTENDENT)

___ RECOMMEND APPROVAL	SIGNATURE SELECTING SUPERVISOR	DATE
___ RECOMMEND APPROVAL ___ DISAPPROVED	SIGNATURE SQ/FLIGHT COMMANDER	DATE
___ RECOMMEND APPROVAL ___ DISAPPROVED	SIGNATURE GROUP COMMANDER	DATE
___ RECOMMEND APPROVAL ___ DISAPPROVED	SIGNATURE WING COMMANDER OR DESIGNEE WING CC CONCURRENCE FOR MAJ, LTC, COL, CMSGT, SMSGT	DATE
___ RECOMMEND APPROVAL ___ DISAPPROVED	OFFICE OF THE ADJUTANT GENERAL	DATE

