

FOR OFFICIAL USE ONLY EXEMPT FROM MANDATORY DISCLOSURE

APPLICATION FOR FULL-TIME NATIONAL GUARD COUNTERDRUG POSITION

PRIVACY ACT STATEMENT

1. Authority: 32 USC 502(f), NGR 600-5 and AR 135-18, NGR 500-2/ANGI 10-801, and ANGI 36-101.
2. Principal Purpose(s): To provide information for use in determining eligibility/qualifications for FTNGCD positions.
3. Routine Uses: None.
4. Disclosure: Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you seek. The SSN is used as an identifier throughout your military career from the application through retirement. Where the employee identification number is your SSN, collection of this information is authorized by Executive Order 8597. The information gathered through the use of the SSN will be used only as necessary in personnel administration.
5. Effect on Individual's Not Providing Information: Individuals not providing information will not receive an appropriate evaluation for assignment or reassignment and cannot be given consideration for vacancies.
6. When completing the Education and Employment Sections of this application, please list in reverse chronological order (most current first). Attach a separate sheet if additional space is needed.

POSITION APPLYING FOR: (Select Position)

NAME (Last, First, Middle)		SSN	DATE OF BIRTH	EMAIL	
CURRENT STREET ADDRESS	CITY	STATE	ZIP CODE	HOME TELEPHONE	OFFICE TELEPHONE
SECURITY CLEARANCE		GRADE/BRANCH		SSI/MOS/AFSC	
DATE OF ENLISTMENT					

SECTION I - EDUCATION AND SPECIAL QUALIFICATIONS

1. COLLEGE OR UNIVERSITY: (Officer Applicants – Accredited colleges only)

NAME OF LOCATION OF COLLEGE OR UNIVERSITY ATTENDED	DATES ATTENDED		NO. CREDIT HOURS		TYPE DEGREE
	FROM	TO	SEMESTER	QUARTER	

2. OTHER SCHOOLS OR TRAINING (Vocational, Trade, or Business)

NAME AND LOCATION OF SCHOOL	TYPE OF COURSE	NO. HOURS PER WEEK	FROM	TO

3. SKILLS AND QUALIFICATIONS

Special skills and qualifications with office machines, (typing and shorthand speed), wheel and track vehicles, aircraft, etc. (Also list any licenses or certificates held (Pilot, Nurse).

II. EMPLOYMENT HISTORY

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? (A "NO" answer will not affect your consideration for employment.) CHECK ONE: YES NO

1. NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED		AVERAGE HRS. PER WEEK
	FROM	TO	
	BEGINNING SALARY		ENDING SALARY
TITLE OR POSITION	IMMEDIATE SUPERVISOR & TELEPHONE NUMBER		NO. OF EMPLOYEES YOU SUPERVISE
KIND OF BUSINESS	YOUR REASONS FOR LEAVING		

DESCRIPTION OF WORK (Describe your specific duties, responsibilities, and accomplishments)

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SECTION II - EMPLOYMENT HISTORY (Continued)

OTHER EMPLOYMENT

2. NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED		AVERAGE HRS. PER WEEK
	FROM	TO	
	BEGINNING SALARY		ENDING SALARY
TITLE OR POSITION	IMMEDIATE SUPERVISOR & TELEPHONE NUMBER		NO. OF EMPLOYEES YOU SUPERVISE
KIND OF BUSINESS	YOUR REASONS FOR LEAVING		

DESCRIPTION OF WORK *(Describe your specific duties, responsibilities, and accomplishments)*

SECTION III - MILITARY HISTORY

1. MILITARY SERVICE (Start with most recent service and show changes in grade and duty in chronological order.)

FROM	TO	AD	AGR	NG	USAR	GRADE	ORGANIZATION	DUTY
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

2. MILITARY TRAINING

FORMAL MILITARY SCHOOL TRAINING COMPLETED				CORRESPONDENCE COURSES		
COURSE TITLE AND NUMBER	DURATION OF COURSE			COURSE/SUB COURSE TITLE/	COURSE HOURS	
	WEEKS	DAYS				

3. MILITARY QUALIFICATIONS List any MOS/SSI/AFSC which has been awarded on orders.

MOS/SSI/AFSC	DATE AWARDED	INDICATE HOW QUALIFICATION WAS OBTAINED <i>(Service School, On-the-job Training, Civilian Experience, etc.)</i>

4. INDICATE ANY OJT/OJE WHICH IS QUALIFYING FOR AN MOS/SSI/AFSC WHICH HAS NOT YET BEEN AWARDED ON ORDERS.

DUTY MOS/SSI/AFSC	EXACT TITLE OF POSITION	FROM	TO

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SECTION IV - PERSONAL BACKGROUND QUESTIONNAIRE (All applicants must complete)		
NOTE: (All Applicants Must Complete) Attach a separate sheet fully explaining any "YES" answers (except 9 & 10).	YES	NO
1. Within the last five years have you been fired from any job for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the last five years have you quit a job after being notified that you would be fired?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been involuntarily removed from unit (Selective Reserve) service based on maximum years of service, qualitative retention or selective retention board action?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been involuntarily removed from unit (Selective Reserve) service for cause or been relieved for cause from any duty assignment, including but not limited to relief from command in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you voluntarily separated from the AGR Program, in any state for one or more days within the past year (ARNG Applicants Only)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been involuntarily separated from the AGR Program or voluntarily separated in lieu of removal action?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been removed from military service due to unsuitability?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you receive, or are you entitled to receive federal, military retired or retainer pay, service annuities, or other compensation based upon military, federal civilian service, or eligible for immediate federal service annuities?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Will you be able to complete a minimum of 3 years of continuous CDTF service prior to completing 18 years of Total Federal Active Service?	<input type="checkbox"/>	<input type="checkbox"/>
10. At any time have you ever been on Counterdrug orders before?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been convicted, forfeited collateral, or are you under charges for a felony or any firearms/explosive offenses against the law?	<input type="checkbox"/>	<input type="checkbox"/>
12. During the past seven years have you been convicted, imprisoned, on probation or parole or forfeited collateral or are you now under charges for any offense against the law not included in Question 3 above.....	<input type="checkbox"/>	<input type="checkbox"/>
13. While in the Military service have you ever been convicted by a General court-martial?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has your driver's license ever been suspended or revoked?.....	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you presently flagged for weight, APFT failure or any other unfavorable action?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are you eligible to take the Army Physical Fitness (AFPT)/Air Force Fit Test?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you currently on a profile of any type?.....	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you currently or scheduled to be on flight status?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever had a government credit card cancelled or denied?.....	<input type="checkbox"/>	<input type="checkbox"/>
20. Is there anything in your background that would restrict you from receiving a government travel card?.....	<input type="checkbox"/>	<input type="checkbox"/>
21. Are you a candidate for an elective office, holding a civil office (full or part-time), or engaged in partisan political activities as defined in AR 600-20/ANGI 36-101/DoD Directive 1344.10, Political Activities by Members of the Armed Forces on Active Duty?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION V - CERTIFICATION AND AUTHORITY FOR RELEASE OF INFORMATION		
<p>I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation. I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies to Personnel Specialists for that purpose. I also understand that a false answer to any question in this application may be grounds for not being employed, or for being released after I begin work.</p>		
<p>I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith.</p>	<p>SIGNATURE</p>	<p>DATE</p>

APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR SPECIAL WORK, TEMPORARY TOUR OF ACTIVE DUTY, ANNUAL TRAINING, AND FULL-TIME NATIONAL GUARD DUTY FOR SPECIAL WORK FOR SOLDIERS OF THE ARMY NATIONAL GUARD

For use of this form, see NGR 37-111 ; the proponent agency is NGB-ARH-S

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 12301(d) / 32 USC 502(f)

PRINCIPLE PURPOSE: To determine eligibility and schedule individuals for active duty for special work, Temporary Tours of Active Duty, full-time National Guard duty for special work, active duty for training or additional annual training on requested dates.

ROUTINE USES: To identify the applicant as a Reserve Component member and to issue active duty for special work for active duty for training orders.

DISCLOSURE: Completing this form is mandatory for individuals applying for active duty for special work or active duty for training. If not completed, you will not be eligible for the requested tour.

PART I - APPLICANT (Read instructions in NGR 37-111 before completing this form.)

1. TO (Include ZIP code)

2. NAME (Last, First, MI)

3. SSN

4a. PERMANENT HOME ADDRESS (Include ZIP code)

5a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (if different from permanent home address) (include ZIP code)

4b. HOME TELEPHONE NUMBER (Include area code)

5b. HOME TELEPHONE NUMBER (Include area code)

4c. BUSINESS TELEPHONE NUMBER (Include area code)

5c. BUSINESS TELEPHONE NUMBER (Include area code)

6. UNIT OF ASSIGNMENT OR ATTACHMENT

7. GRADE

8. BRANCH/MOS

9. SEX M F

10. D.O.B.

11. MARITAL STATUS

12. NO. OF DEPENDANTS

13. PRIMARY SSI (AOC)/MOS

14. DUTY SSI (AOC)/MOS

15. HEIGHT

16. WEIGHT

17. I am I am not

drawing a pension, disability compensation, or retired pay from the U.S. Government

18. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE (AFS)

19. NAME, RANK AND SIGNATURE OF NGB / STATE / TERRITORY HUMAN RESOURCE OFFICER (or AGR TOUR MANAGER) VERIFYING DATA IN BLOCK 18.

20. DATES OF ADSW / FTNGDSW / TTAD / ADT / AT REQUESTED:

a. FIRST CHOICE

b. SECOND CHOICE

NUMBER OF DAYS BEGINNING DATE/TIME

NUMBER OF DAYS

BEGINNING DATE/TIME

LOCATION

LOCATION

DUTY/TRAINING AGENCY

DUTY/TRAINING AGENCY

21. To the best of my knowledge and belief, I am physically qualified for active military service. I was:

a. LAST EXAMINED ON

b. AT

22. SIGNATURE

23. DATE

Unit Heading
MEMORANDUM OF UNDERSTANDING
BETWEEN
COMMANDER AND SOLDIER

SUBJECT: Participation in Inactive Duty Training and Annual Training and Unit activities

1. Reference NGR 500-2/ANGI 10-801.

2. Purpose. To establish guidelines for participation in Inactive Duty Training (IDT) and Annual Training (AT) and unit activities while a member of the Counterdrug Task Force.

3. Problem. Possible conflicts between FTNGCD duties and responsibilities and IDT/AT. In accordance with the above reference it is understood that Soldiers on Full-Time National Guard Counterdrug duty will be required to participate in IDT, AT and Unit activities. If the soldier has a conflict due to CD required training or mission requirements, they will coordinate with their IDT unit and make arrangements to make up the missed IDT. If the soldier is absent from IDT for personal reasons, they will be required to make up the IDT days in a leave status. **SOLDIERS MUST OBTAIN PRIOR APPROVAL**

4. Requirements and Applicable Rules from NGR 500-2/ANGI 10-801.

a. Travel and/or per diem expenses, incurred by personnel on FTNGCD who commute to and from their PDS location to their unit of assignment to perform IDT are chargeable to the CD Program when the unit of assignment is at a location other than the member's FTNGCD PDS. Such travel is directed travel because participation is a condition of CD duty (32USC § 112).

b. Military Pay and Allowances. Soldiers and airmen on FTNGCD orders who perform IDT/AT are not entitled to additional pay, allowances, or other benefits for participation in training required under 32 USC § 502(a)(1).

c. AT Reimbursement. CD personnel will remain on FTNGCD orders while performing AT. The pay, allowances, and other benefits of the member while participating in the training will be the same as those to which the member is entitled while performing duty for the purpose of carrying out drug interdiction and CD activities. CD appropriations will be reimbursed out of appropriations available for paying for AT costs, (32USC § 112).

d. NCOES/MOS Schools. CD personnel will remain on FTNGCD orders while attending required ARNTG schools such as NCOES or MOS producing schools. The soldiers will be kept on CD orders and the CD accounts will be reimbursed using the same process as the AT reimbursement (32USC § 112).

e. Military Duty for Purposes Other Than Training or Other than Counterdrug Activities. FTNGCD orders will not be broken for purposes such as contingency operations, force protection, homeland defense, and MPA days. The CDC is required to request reimbursement for personnel costs from other than ARNG/ANG funding or by the agency making the request for support.

5. The undersigned agree to the following understandings and agreements.

6. POC is _____ or email at _____.

COMMANDER

SOLDIER

(Date)

(Date)

SPECIAL REQUIREMENTS FOR COUNTERDRUG DUTY

NGR 500-2, para. 8-11b (1-5)

- 1) Urinalysis testing is required upon entry on active duty, and personnel are subject to periodic testing while on active duty. These requirements are in addition to testing by units of assignment during IDT/IAD under the JNGSAP.
- 2) Requirement to continue attendance at IDT/IAD and AT while on FTNGDCD.
- 3) Status of funding from year to year.
- 4) Probability of criminal records checks, and/or security screening by LEAs of applicants serving in LEA offices or in positions where they are privy to operational information of LEAs. Applicants will be informed that such inquiries are likely to be completed after entry on duty and that rejection by LEAs could result in their removal from the CD program.
- 5) Standards of Conduct.

National Guard members participating in the Counterdrug Support Program are required to comply with state laws and with DoD 5500.7-R. They are required to uphold the highest standards of conduct and personal appearance.

Outside employment, associations and off-duty conduct/activities must be consistent with federal directives on ethics and with state and federal conflict of interest policies. Outside employment will require written approval of CDC according to Para. 8-25 of this regulation.

NGR 500-2, para. 8-11c

The above conditions of service will be clearly stated in announcements and advertisements for CD positions.

My signature certifies I have read and understand the Special Requirements for Counterdrug Duty.

Signature

Date