

## FTNGDOS CHECKLIST

FULL TIME NATIONAL GUARD DUTY FOR OPERATIONAL SUPPORT (FTNGD-OS 32 USC §502(F) (2) IAW NGB  
POLICY MEMORANDUM #13-020 (FTNGD-OS)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Duty Location: \_\_\_\_\_

### APPLICATION FORMS *(These documents are required for each packet, minus where applicable)*

\_\_\_\_\_ Completed AZ CDTF application (**ARMY & AIR**)

\_\_\_\_\_ Commanders Certification (**ARMY & AIR**)

\_\_\_\_\_ Background Form (**ARMY & AIR**)

\_\_\_\_\_ Photocopy of driver's license (front/back) (**ARMY & AIR**)

\_\_\_\_\_ DA 1058-R (Oct 2020) (**ARMY ONLY**)

\_\_\_\_\_ Certified MEDPROS/IMR Printout (**ARMY & AIR**) & AF 422 (**AIR**)

\_\_\_\_\_ Retirement Points Accounting Statement (**RPAS**) (**ARMY ONLY**)

\_\_\_\_\_ Point Credit Accounting and Reporting System (**PCARS**) (**SERVICE HISTORY**) (**AIR ONLY**)

\_\_\_\_\_ DA 705 along with DA Form 5500/5501 if applicable within six months of start (Used to validate HT/ WT and flagging action IAW NGB Policy) (**ARMY ONLY**)

\_\_\_\_\_ PT Printout from AF Portal (Reflecting most recent score- must be within six months prior to orders start date) (**AIR ONLY**)

\_\_\_\_\_ Security Clearance (Security Clearance verification if required for duty position being considered) (**ARMY & AIR**)

\_\_\_\_\_ Report on Individual Personnel (RIP-vMPF copy) (**AIR ONLY**)

\_\_\_\_\_ Soldiers/Officers Record Brief (SRB/ORB) (**ARMY ONLY**)

\_\_\_\_\_ Enclosure 1 with ACC/LCC approval (**T5 Employees & T32 Military Technicians ONLY**)

## ARIZONA COUNTERDRUG TASK FORCE

Application for Full Time National Guard Duty – Counterdrug

For use of this form see CNGBM 3100.01

Announcement: \_\_\_\_\_

Position: \_\_\_\_\_

Preferred Duty Location: \_\_\_\_\_

Preferred Mission Set: \_\_\_\_\_

Last Name	First Name	Middle Name
Present Address		
City	State	Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number

Rank	Branch	Social Security Number	DoD ID Number
------	--------	------------------------	---------------

Unit/Section of Assignment	Unit Phone Number	Unit Location (City)	PEBD(Army)/Pay Date(Air)
Primary MOS/AFSC	MOS/AFSC Description	Security Clearance Type	Security Clearance Date

Receiving VA Disability	Open LOD	ETS Date	
Location of Most Recent Military Physical Examination		Date of Most Recent Military Physical Examination	
Total Years of Active Federal Service	Current Status	Have you ever worked for CDTF?	If yes, When:

You must sign this application. Read the following carefully before you sign:

Personnel Data Privacy Act of 1974 (5 USC 552). This information is used to determine the qualification of persons applying to voluntarily participate on the Arizona Counterdrug Task Force (AZ CDTF). Disclosure is voluntary, however, failure to disclose the requested information may result in the application being rejected.

Full Time National Guard Duty - Counterdrug (FTNGD-CD) personnel are required to attend unit scheduled IDT's/UTA's and 15 days of Annual Training with their assigned National Guard Unit.

I have read and fully understand the details of the job announcement for the position in which I'm applying for. I understand and agree that any information provided by me may be investigated as allowed by law. I certify by my signature that to the **best of my knowledge and belief, all of the information on this application is true and complete. I understand that if selected for employment with the AZ CDTF, I will participate in a drug testing program and undergo a background investigation. Some assignments also require additional background checks and polygraph screening. I understand any false statements made on this application could lead to non-selection or dismissal from the AZ CDTF.**

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Last Name	First Name	Middle Name
-----------	------------	-------------

Year received Diploma/GED	Highest Military Education/School Completed	Year Completed
---------------------------	---	----------------

**Names of Colleges or Technical Schools:**

1. \_\_\_\_\_ Year \_\_\_\_\_ Graduated \_\_\_\_\_

Course/Subjects of Study \_\_\_\_\_

2. \_\_\_\_\_ Year \_\_\_\_\_ Graduated \_\_\_\_\_

Course/Subjects of Study \_\_\_\_\_

1. Are you available to work flexible schedules/hours? (to include weekends, nights and TDY travel) \_\_\_\_\_

If no, explain \_\_\_\_\_

2. Fluent in other languages? \_\_\_\_\_ If yes, which one(s): \_\_\_\_\_

3. Do you currently have a valid Arizona driver's license? \_\_\_\_\_

4. Have you ever had your license suspended? \_\_\_\_\_

If yes, explain and list dates \_\_\_\_\_

5. Have you ever been convicted of a felony? \_\_\_\_\_

If yes, explain and list dates: \_\_\_\_\_

6. Are you a US Citizen? \_\_\_\_\_

If you are not a US Citizen, please provide the following.

Place you entered the United States \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Alien Registration Number \_\_\_\_\_

Last Name	First Name	Middle Name
-----------	------------	-------------

EMPLOYMENT HISTORY (7 years of employment starting with most recent employer)

Employer: \_\_\_\_\_ May we contact? \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_

---

Employer: \_\_\_\_\_ May we contact? \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_

---

Employer: \_\_\_\_\_ May we contact? \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_

---

Employer: \_\_\_\_\_ May we contact? \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_

Last Name	First Name	Middle Name
-----------	------------	-------------

**KNOWLEDGE, SKILLS AND ABILITIES:**

1. Describe any experience with law enforcement, schools, communities, and/or other organizations.

---

---

---

---

---

---

2. Describe your administrative skills (typing, computers, software used, etc.).

---

---

---

---

---

---

3. Describe your technical skills (mechanical, electronic, etc.) Include any certificates and/or licenses

---

---

---

---

---

---

4. Describe any other knowledge, skills, and abilities which would be of benefit to the AZ CDTF.

---

---

---

---

---

---

# Background Information

For use of this form see CNGBM 3100.01/ ANGI 10-801

Internal Use Only				
Check:	<b>Current AZ CDTF</b>	<b>New Hire</b>		
Date of last AZ CDTF background if applicable:				
Last Name	First Name	Middle Name		
Previous / Maiden Name / other names used				
Street Address				
City	State	Zip Code	Phone Number	
Previous Street Address				
City	State	Zip Code	Phone Number	
Place of Birth				
City	State	Country	DOB / YYYY-MM-DD	
Height	Weight	Hair Color	Eye Color	Race
Drivers License #	Issuing State	Social Security Number		Gender

**Note to Applicant:** A thorough personal history background investigation will be completed by a Law Enforcement Agency prior to initiating or continuing a tour of duty with AZ CDTF. Please **initial** the following statements before proceeding to the questions on page two.

You must attach documentation to include court dispositions and/or detailed explanations for all offences. The lack of documentation may result in rejection from the selection process or continued tour of duty with AZ CDTF.

Existence of any of the conditions listed in the background application may result in rejection from the selection process or continued tour of duty with AZ CDTF.

I Certify that all statements in the application are true and agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment with the Arizona Counterdrug Task Force.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Printed Witness Name: \_\_\_\_\_

Last	First	Middle
------	-------	--------

**Note to Applicant:** Supporting documentation must be included with this background form for any "Yes" answer. If charges were dropped or reduced, include a copy of the disposition.

**I. Any Arrest, Conviction, or History (there is no timeline or age associated with the following questions)**

Yes / No

- ( ) 1. Drug manufacturing/cultivation/trafficking/sale/possession with intent to sell
- ( ) 2. Serious violent behavior (i.e. Sexual assault, rape, criminal sexual misconduct, aggravated assault, arson, child abuse, domestic violence, manslaughter, armed robbery)
- ( ) 3. Major honesty issues (extortion, embezzlement, perjury, fraud)
- ( ) 4. Convicted felon
- ( ) 5. Illegal use of firearm or explosive
- ( ) 6. Immigration or customs violations (smuggling of any type, entry without inspection, etc.)
- ( ) 7. Subject of a current investigation by any law enforcement agency
- ( ) 8. Prior/current gang affiliation
- ( ) 9. Multiple DWI/DUIs

**II. One arrest or conviction within 3 years or 2 or more within 7 years unless otherwise stated**

Yes / No

- ( ) 1. Illegal/habitual use of dangerous drugs, narcotics, or vaporous substances more than five (5) times total or more than one (1) time since the age of 21, or at any time within the past seven (7) years
- ( ) 2. DWI/DUI
- ( ) 3. Theft or forgery
- ( ) 4. Patterns of conduct (i.e.: alcoholism/drug addiction, financial irresponsibility/major liabilities, dishonesty, un-employability for negligence or misconduct, criminal conduct)
- ( ) 5. Suspended drivers license
- ( ) 6. Any abuse of prescription or illegal drug use to include marijuana

**III. Three or more occurrences in 1 year**

Yes / No

- ( ) 1. Minor liquor law violations
- ( ) 2. Minor traffic violations
- ( ) 3. Bad checks
- ( ) 4. Minor disruptive conduct (i.e.: trespassing/vagrancy/loitering/disturbing the peace)

**IV. Other considerations. If any of the statements listed below apply, supporting documentation must be included.**

- 1. Pattern of behavior or actions that reasonably indicate a contemptuous attitude toward the law as determined by law enforcement (i.e.: repeated or multiple offences)
- 2. Demonstrated pattern of poor financial management/indebtedness which has resulted in one or more repossessions, foreclosures, submission of bills to a collection agency, etc. as determined by law enforcement
  - a. Bankruptcy/foreclosure: all current debt must be up to date with no delinquencies or outstanding collection accounts
  - b. Failure to pay child support, loan payments, bills, etc.
- 3. Probation or Diversion Program in lieu of a criminal conviction or consequence (i.e. jail, probation, and fees) (new hire applicants only)
- 4. Facts omitted or not complete on the background questionnaire and/or the lack of applicable supporting documentation will be considered a breach of integrity and result in the failure of the background.

Commander's Recommendation for Employment with the Arizona Counterdrug Task Force (AZ CDTF)

For use of this form see CNGBM 3100.01

1. Please take the time to thoroughly evaluate the following individual for entry on Full Time National Guard Duty Counterdrug, Title 32 service or continued service with the Arizona Counterdrug Task Force.

Name	Rank	Unit	Unit/Wing Phone Number
_____	_____	_____	_____

2. Personnel on duty with the AZ CDTF are held to high standards based on program requirements and internal policies. Service members must meet physical fitness and weight control standards, have no disciplinary flags (or unfavorable information file) and receive the unreserved recommendation of their unit commander. Please personally certify the following requirements individually:

a. Fitness Tests in the past 12 months: (Current AZ CDTF Army SM's must have two fitness test within 12 months).

1. Fitness Test Date: \_\_\_\_\_ Test Result: \_\_\_\_\_

2. Fitness Test Date: \_\_\_\_\_ Test Result: \_\_\_\_\_

\*If test no accomplished, provide an explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Service member \_\_\_\_\_ on a weight control program.

c. Service member \_\_\_\_\_ have negative disciplinary actions pending.

d. Service member's current ETS date: \_\_\_\_\_

e. Service member's last PHA: \_\_\_\_\_

3. Personnel employed by the AZ CDTF are required to attend 15 days of annual training and all unit/wing training assemblies each year. Personnel who fail to maintain satisfactory attendance should be immediately reported to the AZ CDTF. Only the individual's commander is authorized to endorse this form. Documentation providing signature authority is required.

4. Request for additional annual training days are not automatic and are limited to exceptional cases. Detailed coordination between the commander and the AZ CDTF HQ must be done well in advance.

5. Extended Active Duty (EAD) is a privilege, not a right. By endorsing below, you are verifying that the individual is a member in good standing of your unit/wing and consistently participates in drills and annual training. You are giving the member your personal recommendation for extended active duty. Due to high visibility and the unique mission of the AZ CDTF, we strive to ensure the highest caliber of soldiers and airmen are employed to represent the Arizona National Guard

\_\_\_\_\_ I do recommend this member for EAD

\_\_\_\_\_ I do not recommend this member for EAD

6. The point of contact regarding this issue is the AZ CDTF Personnel Office at 520-750-5895.

\_\_\_\_\_  
Company/Squadron CDR Signature / Date

\_\_\_\_\_  
Name, Rank and Title



# APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR OPERATIONAL SUPPORT, AND ANNUAL TRAINING FOR SOLDIERS OF THE ARMY NATIONAL GUARD AND U.S. ARMY RESERVE

For use of this form, see AR 135-200; the proponent agency is DCS, G-1.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 10 USC 672, Reference to Chapter 1209; 10 USC 7013 Secretary of the Army; AR 135-200 Active Duty for Missions, Projects, and Training for Reserve Component Soldiers.

**PRINCIPAL PURPOSE:** The form is used as a voluntary request for training and determines the eligibility of Soldiers, and to schedule individuals for other training duty (OTD), active duty for operational support (ADOS), and annual training (AT) on specified requested dates. Also establishes the obligation of requested active duty orders. For additional information see the System of Records Notice(s) A0600-8-104b AHRC Official Military Personnel Record (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/>).

**ROUTINE USES:** Information provided may be further disclosed to the Department of Veteran's Affairs for benefits purposes. In addition, this form is subject to the proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

**DISCLOSURE:** Voluntary, however failure to complete this form will make you ineligible for consideration for OTD, ADOS, or AT. Applicant should retain a copy of DA Form 1058.

### PART I - APPLICANT (Read instructions in AR 135-200 before completing this form.)

1. TO (Include ZIP Code)			
2a. NAME (Last, First, MI)		2b. RESERVE COMPONENT CATEGORY <input type="checkbox"/> IMA <input type="checkbox"/> IRR <input type="checkbox"/> TPU <input type="checkbox"/> ARNG <input type="checkbox"/> ARNGUS	
3a. PERMANENT HOME ADDRESS (Include ZIP Code)		4a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (If different from permanent home address) (Include ZIP Code)	
3b. PRIMARY TELEPHONE NUMBER (Include area code)		4b. PRIMARY TELEPHONE NUMBER (Include area code)	
3c. SECONDARY TELEPHONE NUMBER (Include area code)		4c. SECONDARY TELEPHONE NUMBER (Include area code)	
5. UNIT OF ASSIGNMENT OR ATTACHMENT AND UIC		6. GRADE	7. BRANCH
8. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	9. DOB	10. MARITAL STATUS	11. NO. OF DEPENDENTS <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
12. PRIMARY SSI (AOC) /MOS	13. DUTY SSI (AOC) /MOS	14. ACFT DATE <input type="checkbox"/> Go <input type="checkbox"/> No Go	15. HT/WT <input type="checkbox"/> Go <input type="checkbox"/> No Go
16. <input type="checkbox"/> I am <input type="checkbox"/> I am not drawing a pension, disability compensation, or retired pay from the U.S. Government.		17. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE (AFS)	
18. <b>FOR INDIVIDUAL MOBILIZATION AUGMENTEES ONLY:</b> THIS APPLICATION IS FOR (Check one) <input type="checkbox"/> IMA AT <input type="checkbox"/> IMA AT w/IDT <input type="checkbox"/> ADT in lieu of IMA AT <input type="checkbox"/> Additional ADT			
19. DATES OF ADOS/TTAD/ADT/AT REQUESTED			
a. FIRST CHOICE		b. SECOND CHOICE	
NUMBER OF DAYS	BEGINNING DATE/TIME	NUMBER OF DAYS	REPORT DATE
LOCATION (Include Zip Code)		LOCATION (Include Zip Code)	
DUTY/TRAINING AGENCY AND UIC		DUTY/TRAINING AGENCY AND UIC	
20. REMARKS  I understand that although at the completion of my tour I may be within 2 years of qualifying for an active duty retirement under 10 USC 1293, 3911, or 3914, it is current Army policy that I will be released from active duty at the completion of my tour unless continued retention on active duty is considered in the best interest of the Army by the Assistant Secretary of the Army (Manpower and Reserve Affairs). I hereby consent to my release from active duty at the completion of this tour.			
_____ (Signature of applicant)			

