



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
ARIZONA NATIONAL GUARD
HUMAN RESOURCES OFFICE
5636 E MCDOWELL ROAD
PHOENIX, ARIZONA 85008

NGAZ-HRZ

29 August 2024

MEMORANDUM FOR Counterdrug Coordinator (CDC), Arizona Counterdrug Task Force (AZ CDTF)

SUBJECT: Delegation of Authority from the Arizona Human Resource Office (HRO) to the AZ CDTF for hiring process

References

a. CNGBM, 3100.01, National Guard Counterdrug Support, 30 July 2021
National Guard Counterdrug Program (CDP) Guidance, DASD CN>s, 19 March 2021

b. ARNG-HRH Policy Memo, PPOM #22-050

c. T32 U.S. Code Section 112, Drug Interdiction and Counterdrug Activities

1. Background: PPOM #22-050 requires that all Counterdrug application packets include a cover memorandum from the HRO to ensure the hiring process follows all applicable laws, regulations and policies.

2. I have completed a thorough review of the AZ CDTF hiring process, and it complies with all required laws, regulations and policies. Their program adheres to the same standards as those of the HRO. Therefore, I am delegating review authority to the AZ CDTF for their packets.

3. All personnel application packets will be kept at the AZ CDTF Program office, in a locked filing cabinet. These packets are subject to inspection from the HRO at any time, and the AZNG HRO will conduct an annual review of the CDTF hiring process to ensure continued compliance.

4. This delegation is in effect until revised or rescinded by the AZNG Human Resources Officer.

5. POC for this memorandum is CPT Ryan Lindberg at ryan.c.lindberg.mil@army.mil or 520-750-5667.

MARGARET E. BIELENBERG
COL, AG, AZARNG
AZNG Human Resource Officer

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: | Current AZ CDTF | New Hire | | |
| 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 <i>(Include ZIP Code)</i> | | | |
| 2a. NAME <i>(Last, First, MI)</i> | | 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 <i>(Include ZIP Code)</i> | | 4a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY <i>(If different from permanent home address) (Include ZIP Code)</i> | |
| 3b. PRIMARY TELEPHONE NUMBER <i>(Include area code)</i> | | 4b. PRIMARY TELEPHONE NUMBER <i>(Include area code)</i> | |
| 3c. SECONDARY TELEPHONE NUMBER <i>(Include area code)</i> | | 4c. SECONDARY TELEPHONE NUMBER <i>(Include area code)</i> | |
| 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 <input style="width: 100px; height: 15px;" type="text"/> |
| 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. FOR INDIVIDUAL MOBILIZATION AUGMENTEES ONLY: THIS APPLICATION IS FOR <i>(Check one)</i> <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 (<i>Manpower and Reserve Affairs</i>). I hereby consent to my release from active duty at the completion of this tour. <div style="text-align: right; margin-right: 100px;"> _____ <i>(Signature of applicant)</i> </div> | | | |

