

FTNGDOS CHECKLIST
FULL TIME NATIONAL GUARD DUTY FOR OPERATIONAL SUPPORT (FTNGDOS)
32 USC §502(f)(2) IAW NGB POLICY MEMORANDUM #13-020 (FTNGDOS)

Name: _____ SSN: _____

E-Mail: _____ Duty Location: _____

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

- Tour cover letter as described by ARH Policy signed by Company/Squadron Commander (**ARNG & ANG**)
- Completed Application including Commander Certification and Background Form (**ARNG & ANG**)
- NGB Form 1058-1R (*July 02*) (**ARMY ONLY**)
- DA Form 1058-R (*Jul 2010*) (**ARMY ONLY**)
- Signed Medical Memorandum by The State Surgeon (**ARNG & ANG**)
- Statement of Service (DA Form 1506) (**ARMY ONLY**)
- SF 85 (**ARNG & ANG**)
- Retirement Points Accounting Statement (RPAS) (**ARMY ONLY**)
- Point Credit Accounting and Reporting System (PCARS) (**AIR ONLY**)
- DA Form 705 along with DA Form 5500/5501 if Applicable within 6-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 before orders start date*) (**AIR ONLY**)
- Security Clearance (*Security Clearance verification **if required** for duty position being considered*)



COMPANY/SQUADRON LETTERHEAD

1234 Street Road
City, Arizona 12345-0000

15 June 2015

NGAZ-JCN-J1

MEMORANDUM FOR JCNTF COMMANDER, 24641 E. Pinal Air Park, Marana, Arizona 85629

SUBJECT: Request for Full-Time National Guard Duty Operational Support (FTNGD-OD) Tour 30 Days or More.

1. The Purpose of this memorandum is to request a tour of FTNGD-OS for Southwest Border Security Mission or Joint Counter Narco-Terrorism Task Force (*refer to announcement*)

2. Upon receipt of approval, the following Soldier/Airman will be placed on orders from hire date _____ thru 30 Sep 2015 (# of days _____), (*will be completed by J1*) subject to availability of funds, per guidance for FTNGD-OS.

a. Name/Grade/SSN:

b. Justification/role/purpose/duty location :

c. Last Break in Continuous Active Service of 31 days or More, enter date:

d. Last Break in Continuous Active Service of 365 days or More, enter date:

e. AFS: (sanctuary and/or separation pay apply?)

f. Type of Duty Code: (provided by JCNTF/SWB J-1 Personnel)

g. DSG/M-Day Duty Position/MOS or AFSC:

h. DSG/M-Day Unit of Assignment:

3. The POC at this headquarters is the undersigned at (xxx) xxx-xxxx, DSN xxx-xxxx, or Email address (First.MI.Last.mil@mail.mil)

Encl

1. Completed Application
2. ARNG 1058-1R (if applicable)
3. DA Form 1058-R (if applicable)
4. Medical Memo
5. DA Form 1506 (if applicable)
6. SF 85
7. RPAS or PCARS
8. DA Form 705 or PT Printout
9. Security Clearance (if applicable)

(COMPANY/SQUADRON COMMANDER)

First, MI Last

Rank, Branch, AZ ARNG

Title

Background Information

For use of this form see NGR 500-2 / ANGI 10-801

Internal Use Only				
Check:	Current JCNTF	Current SWB	New Hire	
Date of last JCNTF 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 JCNTF. 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 JCNTF.

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 JCNTF.

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 Joint Counter Narco-Terrorism Task Force.

Applicant Signature: _____ Date: _____

Witness Signature: _____

Printed Witness Name: _____

Last	First	Middle
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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 3 years

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.

CHECKLIST FOR DETERMINING THE APPROVAL AUTHORITY FOR ACTIVE DUTY (AD) OR FULL-TIME NATIONAL GUARD DUTY (FTNGD) SPECIAL WORK LONG AND SHORT TOURS OTHER THAN ACTIVE GUARD RESERVE

For the purpose of these questions the terms Active Duty "AD" and Full-Time National Guard Duty "FTNGD" programs refer to **ALL** short and long tour paid duty programs available to soldiers within the ARNG (i.e. AT, ADT, ADSW, TTAD, FTNGD-CD, FTNGDSW, including AT with unit or service in another components, etc..) other than IDT and RMAs (Tour guidance for ADSW (T-10) is within AR 135-200; FTNGDSW (T-32) is within NGR 37-111, Office of primary responsibility is NGB-ARO-O and NGB-ARH-S respectively).

1. Under **what Title and what Program** (Title 10 USC/ ADSW or 32 USC/FTNGD) is this tour? _____/_____
2. Will the soldier achieve or does he/she **currently have 17 years of AFS** prior to / during this tour?
(No / Yes — Requires CNGB approval)
3. Will this soldier achieve or does this soldier **have 18 years of AFS** prior to / during this tour?
(No / Yes – Requires CNGB approval)
4. The proposed tour is for how many days? _____ days.
5. Has the soldier performed any other AD or FTNGD (to include service in other components) within this FY?
(No / Yes - How Many Total Days of AD/FTNGD _____)
6. If this tour's cumulative total, in conjunction with all other AD/FTNGD tours, **IS LESS THAN** 180 days of service this FY, then **TAG** has approval authority. (TAG has authority? Yes / No)
7. If this tour's cumulative total, in conjunction with all other AD/FTNGD tours, **IS MORE THAN** 180 days of service this FY, then **CNGB** must approve prior to the state publishing orders. (**CNGB must approve?** Yes / No)

NOTE: Soldiers are not permitted to accumulate six or more years of continuous AFS and become eligible for separation pay (includes all breaks less than 31 days). Breaks in AD/FTNGD programs of less than 31 days do not constitute a valid break in service. A valid break in service is a break of 31 days or more.

8. Does the soldier have four (4) or more years of continuous AFS? (Yes – CNGB must approve waiver/ No)
9. Does the soldier's tour begin within the first 60 days of the new FY? (Yes / No)
10. If the soldier's tour begins within the **FIRST** 60 days of the new FY, has the soldier performed **MORE THAN 30** days of cumulative AD/FTNGD within the fourth quarter of the preceding FY?
(Yes (60-day break waiver from CNGB is required) / No)
11. Will the soldier be within six months of MRD or ETS at the **BEGINNING** of the tour?
(No / Yes-Requires CNGB Exception to Policy)
12. The Application(1058) is:

a. **For FTNGDSW** - Do you possess a copy of the **ARNG Format 1058-R** which has the signature of the applicant in block 24 for the current tour? (Yes- then process / No-then return for signature)

Note: When extending a tour, a new DA Form 1058-R is required for that extension period.

b. **For ADSW**. Do you possess a copy of the **DA Form 1058-R** which has the signature of the applicant in block 24 for the current tour? (Yes- then process / No- then return for signature) Note:

When extending a tour, a new DA Form 1058-R is required for that extension period.

13. Publishing Orders:

a. For TAG approved tours, retain a copy of this checklist and a copy of the ARNG Format 1058-R and maintain with your file copy of the soldier's tour order.

b. For CNGB level waivers, forward this checklist (to arrive at NGB 45 days prior to desired start date), a copy of the ARNG Format 1058-R, the request for waiver and supporting documents. If approved these documents will be returned and must be maintained with your file copy of the soldier's tour order. If the waiver request is not approved, these documents will be returned with no further filing requirement.

**APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR SPECIAL WORK,
TEMPORARY TOUR OF ACTIVE DUTY, 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(d) and USC 275.
PRINCIPAL PURPOSE: To determine eligibility and schedule individuals for active duty for special work or active duty for training on requested dates.
ROUTINE USES: To identify the applicant as a Reserve Component member and to issue active duty for special work or active duty for training orders.
DISCLOSURE: Completing this form is mandatory for individuals applying for active duty for special work and active duty for training. If not completed, you will be ineligible for the requested tour.

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

1. TO (Include ZIP Code)

2. NAME (Last, First, MI)

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. HOME TELEPHONE NUMBER (Include area code)

4b. HOME TELEPHONE NUMBER (Include area code)

3c. BUSINESS TELEPHONE NUMBER (Include area code)

4c. BUSINESS TELEPHONE NUMBER (Include area code)

5. UNIT OF ASSIGNMENT OR ATTACHMENT

6. GRADE

7. BRANCH

8. SEX

Male Female

9. DOB

10. MARITAL STATUS

11. NO. OF DEPENDENTS

12. PRIMARY SSI (AOC)/MOS

13. DUTY SSI (AOC)/MOS

14. HEIGHT

15. WEIGHT

16.

I am 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 (Check one)

IMA AT

ADT in lieu of IMA AT

Additional ADT

19. DATES OF ADSW/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

20. To the best of my knowledge and belief, I am physically qualified for active military duty. I was

a. LAST EXAMINED ON

b. AT

21. SIGNATURE

22. DATE

23. 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)

PART II - RECORDS CUSTODIAN

24. PAY ENTRY BASIC DATE	25. SECURITY CLEARANCE	26. PROMOTION CONSIDERATION CODE	27. DATE OF RANK
28. RYE DATE	29. ETS (<i>Enlisted</i>)	30. MANDATORY REMOVAL DATE (<i>Officers</i>)	31. UIC
32. HIV TEST DATE	33. PANOGRAPHIC DENTAL X-RAY ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO		

34. List all previous AD, TTAD, AT, ADT, IADT, and ADSW in the previous and current fiscal year showing inclusive dates, purpose of tours, and HQ or agency to which attached.

a. PERIOD OF TRAINING/DUTY			b. TYPE TRAINING/DUTY (AD, TTAD, etc.)	c. LOCATION/INSTALLATION	d. DUTY PERFORMED
FROM	TO	NO. DAYS			

e. SIGNATURE OF UNIT COMMANDER	f. DATE
35a. NAME OF RECORDS CUSTODIAN (<i>Last, First, MI</i>)	b. GRADE
c. SIGNATURE	d. DATE



DEPARTMENT OF THE ARMY
ARIZONA MEDICAL COMMAND
5636 E. MCDOWELL ROAD
PHOENIX ARIZONA 85008

NGAZ-JCN

_____ Date

MEMORANDUM FOR RECORD

SUBJECT: Army Medical National Guard Screening for duty with the Joint Counter Narco-Terrorism Task Force (JCNTF) and Southwest Border Security Mission (SWB).

1. References.

- a. AR 40-501
- b. NGR 40-501
- c. AR 600-110
- d. NGR 500-2 / ANGI 10-801

2. **TO BE COMPLETED BY THE ARMY NATIONAL GUARD SERVICEMEMBER:**

Name: _____ SSN: _____

I **AM / AM NOT** receiving treatment for any injuries or illness at this time.

3. To the best of my knowledge, I **AM / AM NOT** physically qualified for active military service IAW the above references.

 Signature of Soldier

 Date

4. **TO BE COMPLETED BY ARMY NATIONAL GUARD MEDICAL CLINIC:**

The purpose of this memorandum is to show that the above Soldier **IS** **IS NOT** fit for Title 32 USC Section 502(f) duty.

Based on the following criteria the aforementioned Soldier **HAS** **HAS NO** permanent or temporary medical profiles or health conditions.

If yes, does the condition indicate an inability to perform their required duties satisfactorily or indicate the duty might be hazardous to the Soldier's health? **YES** **NO** **N/A**

NGAZ-JCN

SUBJECT: Army Medical Screening for duty with the Joint Counter Narco-Terrorism Task Force (JCNTF) and Southwest Border Security Mission (SWB)

Name: _____ SSN: _____

Current Physical Examination or Periodic Health Assessment as per AR 40-501 (Chapter 2, 3, or 8) on file in health records or documented in MODS. **YES NO**

HIV draw within 2 years for current JCNTF and SWB members, 6 months for new hires.

YES / NO

DATE HIV DRAWN: _____

(If NO) Scheduled date: _____

Pregnancy test results (new employees only.) **POS / NEG / NA**

5. The point of contact for this memorandum is the undersigned at (520) 750-5529.

DOUGLAS W. LITTLE, MD _____
COL, MC, SFS, AZ ARNG DATE
State Surgeon



DEPARTMENT OF THE AIR FORCE
 Joint Forces Headquarters Air National Guard
 5636 E. McDowell Road
 Phoenix, Arizona 85008-3495

MEMORANDUM FOR RECORD

Date

FROM: JFHQ, AZANG/SAS

SUBJECT: Air National Guard Medical Screening for duty with the Joint Counter Narco-Terrorism Task Force (JCNTF) and Southwest Border Security Mission (SWB).

1. References.

- a. AFI 48-123
- d. NGR 500-2 / ANGI 10-801

2. **TO BE COMPLETED BY THE AIR NATIONAL GUARD SERVICEMEMBER:**

Name: _____ **SSN:** _____

I **AM / AM NOT** receiving treatment for any injuries or illness at this time.

3. To the best of my knowledge, I **AM AM NOT** physically qualified for active military service IAW the above references.

 Signature of Airman _____
 Date

4. **TO BE COMPLETED BY 161st ARW OR 162nd FW MEDICAL GROUP:**

The purpose of this memorandum is to show that the above Airman **IS IS NOT** fit for Title 32 USC Section 502(f) FTNGDCD duty.

Based on the following criteria the aforementioned Airman **HAS HAS NO** permanent or temporary medical profiles or health conditions.

If yes, does the condition indicate an inability to perform their required duties satisfactorily or indicate the duty might be hazardous to the Airman's health? **YES NO**

Current Physical Examination as per AFI 48-123 (Attachment 2) on file in health records. **YES NO**

STATEMENT OF SERVICE - FOR COMPUTATION OF LENGTH OF SERVICE FOR PAY PURPOSES

For use of this form, see AR 37-104-4; the proponent agency is ASA(FM)

PRIVACY ACT STATEMENT

Authority: 37 USC, Section 1006; Executive Order 9397.
Purpose: This form is used to document a member's request for verification of military service. It is also used to adjust a soldier's Other Entry Pay Effective Date (OPEd) and Basic Pay Entry Effective Date (BPEd) which will affect the rate and period of basic pay entitlement.
Routine Uses: Information collected on this form becomes part of the Joint Uniform Military Pay System (JUMPS) and is subject to all of the routine disclosures made by that system. Routine recipients of JUMPS disclosures include, but are not limited to the Red Cross and State and local governments for tax and welfare purposes.
Disclosure: Voluntary; however, nondisclosure may result in nonverification of service. Disclosure of your social security number (SSN) is voluntary; however, this form will not be processed without your SSN because it is used to identify you for pay purposes.

1. LAST NAME, FIRST NAME, MIDDLE INITIAL

3. COMPLETE MAILING ADDRESS (Unit Personnel Officer, if member on AD) (Unit Commander, if member of ACDUTRA)

2. SSN

I have held a commission; appointment as commissioned warrant officer, warrant officer, flight officer, or Army field clerk; or have been enlisted as a member of the respective service(s) shown below for the inclusive period indicated. All National Guard service claimed hereon was federally recognized; it was not in the inactive National Guard; all officers' training camp service was in the capacity of an enlisted person and all initial appointments are shown from the date of acceptance.

4. SERVICE <i>(Army, Air Force, Navy, etc.)</i>	5. CHECK			6. FROM			7. TO			8. TIME LOST <i>(Days)</i>	9. COMPUTATION		
	ENL	WO	COM	YR.	MO.	DAYS	YR.	MO.	DAYS		YR.	MO.	DAYS
	<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"/>	<input type="checkbox"/>										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

10. Total creditable service (years)

11a. SIGNATURE OF MEMBER

11b. DATE

FOR USE BY THE ADJUTANT GENERAL (When statement above is incorrect, correct service will be entered.)

12. SERVICE <i>(Army, Air Force, Navy, etc.)</i>	13. CHECK			14. FROM			15. TO			16. TIME LOST <i>(Days)</i>	17. COMPUTATION		
	ENL	WO	COM	YR.	MO.	DAYS	YR.	MO.	DAYS		YR.	MO.	DAYS
	<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"/>	<input type="checkbox"/>										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

18. Total service creditable for basic pay (years)

19a. AUTHENTICATION

19b. DATE

Supplemental Questionnaire for Selected Positions

INSTRUCTIONS

This form is supplemental to SF 85P, Questionnaire for Public Trust Positions, but is used only after an offer of employment has been made and when the information it requests is job-related and justified by business necessity. Other than this restriction to its use, this form has the same purposes and authorities described on SF 85P. The agency which gave you this form will tell you which questions to answer.

Instructions for completing this form are the same as SF 85P: you must type or legibly print your answers in black ink, use State codes, etc. Be sure to sign and date the certification statement at the bottom of this page.

PUBLIC BURDEN INFORMATION: Public burden reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington DC 20415. Do not send your completed form to this address.

IDENTIFICATION INFORMATION

1 FULL NAME Enter your name exactly as it appears on your SF 85P, Questionnaire for Public Trust Positions.				2 SOCIAL SECURITY NUMBER	
Last Name	First Name	Middle Name	Jr., II, etc.		

SUPPLEMENTAL QUESTIONS

3 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding. a Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs? b Have you <u>ever</u> illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?	Yes	No

If you answered "Yes" to any question above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
To			
To			

4 YOUR USE OF ALCOHOL In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? If you answered "Yes," provide the dates of treatment and the name and address of the counselor below. Do not repeat information reported in	Yes	No

N/A

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	ZIP Code
To				
To				

5 YOUR MEDICAL RECORD In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition? You do not have to answer "Yes" if you were only involved in marital, grief, or family counseling not related to violence by you. If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below.	Yes	No

N/A

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	ZIP Code
To				
To				

CERTIFICATION

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)	Date
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