

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)*

_____ Completed AZ CDTF application (**ARMY & AIR**)

_____ Commanders Certification (**ARMY & AIR**)

_____ Background Form (**ARMY & AIR**)

_____ SF 85P-S (Included in packet) (**ARMY & AIR**)

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

_____ DA 1058-R (*Sep 2017*) (**ARMY**)

_____ Certified MEDPROS/IMR Printout (**ARMY & 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 Record Brief (SRB) (**ARMY ONLY**)

ARIZONA COUNTERDRUG TASK FORCE

Application for Full Time National Guard Duty – Counterdrug

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

Announcement: _____

Position: _____

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
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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
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Year received Diploma/GED	Highest Military Education/School Completed	Year Completed
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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
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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
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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 NGR 500-2 / 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
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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 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.

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			Yes	No
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?				

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				Yes	No
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					
Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	ZIP Code	
To					
To					

5 YOUR MEDICAL RECORD				Yes	No
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.					
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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Commander's Recommendation for Employment with the Arizona Counterdrug Task Force (AZ CDTF)

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

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(d) and USC 275.

PRINCIPAL PURPOSE: To determine eligibility and schedule individuals for active duty for operational support 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 operational support or active duty for training orders.

DISCLOSURE: Completing this form is mandatory for individuals applying for active duty for operational support 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 <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
12. PRIMARY SSI (AOC) /MOS	13. DUTY SSI (AOC) /MOS	14. APFT 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 <i>(Include Zip Code)</i>		LOCATION <i>(Include Zip Code)</i>	
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.			
<hr style="width: 80%; margin: auto;"/> <i>(Signature of applicant)</i>			

