

ARIZONA NATIONAL GUARD
SOUTHWEST BORDER TRAINING MISSION
Application for Active Duty for Operational Support (ADOS)

Announcement Number

Position

Last Name _____ First Name _____ MI _____

Present Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Rank _____ Army ___ / Air ___ SSN _____ Number of Dependents _____

Unit of Assignment _____ Section _____

Unit Location (City) _____ Unit Phone _____

Primary MOS/AFSC _____ MOS/AFSC Description _____

Security Clearance Type/Date _____ PEBD (Army) / Pay Date (Air Force) _____

Receiving VA Disability: YES ___ / NO ___ Open LOD: YES ___ / NO ___ ETS Date _____

Date and Location of Most Recent Military Physical Examination _____

Total Years of Active Federal Service _____ Current Status: ___ AGR ___ Tech ___ ADSW ___ M-day ___

Have you ever worked for BTF before? YES ___ / NO ___ 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 Border Training Mission. Disclosure is voluntary; however, failure to disclose the requested information may result in the application being rejected.

I certify by my signature below that I understand I may be required to attend drill while on this voluntary 502 (f) mission in support of the Border TF. Alternatively, I also understand that I may only be afforded the option to volunteer to attend drill with my unit. Should I choose not to volunteer to attend drill I understand that I may be re-assigned to an excess or vacant position in my current unit or in unusual circumstances, to another unit according to the needs of the Arizona National Guard.

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, I will participate in a drug testing program and undergo a background investigation. Some assignments also require additional background checks. I understand any false statements made on this application could lead to non-selection or dismissal.

High School Graduate or GED/Diploma received Y N Year _____

Highest Military Education/School Completed _____ Year _____ Names of Colleges
or Technical Schools: _____

1. _____ Year _____ Graduate Y N
Course/Subjects of Study _____

2. _____ Year _____ Graduate Y N
Course/Subjects of Study _____

1. Are you available to work flexible schedules/hours (to include weekends, nights, and TDY travel) Y N
If no, explain _____

2. Fluent in other languages? Y N If yes, which one(s): _____

3. Do you currently have a valid Arizona driver's license? Y N

4. Have you ever had your license suspended? Y N If yes, explain and list dates: _____

5. Have you ever been convicted of a felony? Y N If yes, explain and list dates: _____

6. Are you a US Citizen Y N If you are not a US Citizen, please provide the following.

Place you entered the United States _____

Country of Citizenship _____

Alien Registration Number _____

EMPLOYMENT HISTORY (List most recent employer first)

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

EMPLOYMENT HISTORY (List most recent employer first)

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

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 Southwest Border Security mission.

Commander's Recommendation for Employment with the Arizona National Guard Border Security Mission

1. Please take the time to thoroughly evaluate the following individual for entry on Title 32 502 (F) Active Duty for Operational Support (ADOS) service.

Name	Rank	Unit	Unit Phone #
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2. Mission Personnel 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: (Army service members must have two fitness tests within 12 months)

1. Fitness Test Date: _____ Score: _____ Pass/Fail: _____ Certifying Initials _____

2. Fitness Test Date (Army only): _____ Score: _____ Pass/Fail: _____ Certifying Initials _____

If test not accomplished, provide an explanation: _____

b. Service member is / is not _____ on a weight control program. Certifying Initials _____

c. Service member does / does not _____ have negative disciplinary actions pending. Certifying Initials _____

d. Service member's current ETS date is _____.

e. Service member's last PHA _____.

3. Only the individual's **MACOM commander/AO or group level commander or higher authority** is authorized to endorse this form.

4. 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 and consistently participates in drills and annual training. You are giving the member your personal recommendation for extended active duty. Due to the high visibility and the unique mission, we strive to ensure the highest caliber of soldiers and airmen are employed to represent the Arizona National Guard.

___ I recommend this member for EAD

___ I do not recommend this member for EAD

5. Service member will / will not (circle one) attend IDT/AT during EAD.

Certifying Initials _____ Service Members Initials _____

6. The point of contact regarding this issue is the BTF Personnel Office at 267-2927.

_____ Unit Commander Signature	
_____ Printed Name, Title and Rank	
_____ Date	_____ Phone Number

_____ MACOM Commander or AO/ANG Group Commander Signature	
_____ Printed Name, Title and Rank	
_____ Date	_____ Phone Number

Background Information

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

Last	First	Middle
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Previous / Maiden Name / other names used

Street Address

City	State	Zip Code	Phone Number
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Previous Street Address

City	State	Zip Code	Phone Number
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Place of birth		
City	State	Country

Height	Weight	Hair Color	Eye Color	Race
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DOB / YYYY-MM-DD	Social Security Number	Circle one M / F
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Drivers License # / Issuing State	Unit of Assignment	Pay Grade
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Pay Entry Base Date	Dependents	MOS/AFSC	Duty Location
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Note to Applicant: A thorough personal history background investigation will be completed by a Law Enforcement Agency prior to any job offer. Please initial the following statements before proceeding to the questions.

_____ You must provide documentation to include court dispositions and/or detailed explanations when required, the lack of information may result in rejection from the selection process or further employment.

_____ Existence of any of the conditions listed in the background application may result in rejection from the selection process or further employment.

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.

Signature: _____

Date: _____

Last	First	Middle
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I. Controlled Substances

Yes / No

() () A. Any use or possession illegal drugs
 MARIJUANA, HEROIN, DANGEROUS DRUGS, NARCOTICS, or VAPOROUS SUBSTANCES Dangerous drugs and/or narcotics include hashish, cocaine/crack, amphetamines/barbiturates, LSD/acid PCP/angel dust, magic mushrooms, ecstasy, etc. Anabolic steroids have been considered

Yes / No

() () B. Illegal use of **PEYOTE** or **MESCALINE**

Yes / No

() () C. Sale of illegal drugs to include production, cultivation, or transportation for sale of illegal drugs

If you have tried, used or ingested any of the drugs listed in section I or if you have tried or used any other drugs without a doctor's prescription, explain in detail below. If more space is needed, use the back of this form. You must include dates and number of times used. Initial _____

II. Criminal Record

Yes / No

() () A. Any arrests or convictions of a felony or that would constitute a felony in the State of Arizona
 (If charges were dropped or reduced, include a copy of the disposition)

Yes / No

() () B. Any criminal charges or convictions other than a felony
 (If yes, include a copy of the disposition)

Yes / No

() () C. Currently have outstanding criminal charges, on probation, or participating in a diversion program
 (If yes, include a copy of the disposition and explain in the space provided below)

III. Driving Record

Yes / No

() () A. Any D.U.I. arrests or convictions within the last three years
 (If charges were dropped or reduced, include a copy of the disposition)

Yes / No

() () B. Any serious traffic violations or multiple traffic violations (reckless driving, leaving scene of accident, pattern of excess violations)

IV. Financial

Yes / No

() () A. Have you been served with a garnishment regarding your financial obligations within the past 5 years
 (If yes, include details and any documentation explaining status)

Yes / No

() () B. Have you had a bankruptcy in the past 7 years
 (If yes, include details and any documentation explaining status)

Yes / No

() () C. Have you had any of the following in the last three years: repossessions, foreclosures, delinquent child support, or submission of bills to collection agency.
 (If yes, include details and any documentation explaining status)

If you have answered yes to any questions in sections II, III, and IV, explain in detail below and include documentation as necessary. If more space is needed use the back of this form. Initial _____

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.			Yes	No
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 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)?			Yes	No
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 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.			Yes	No
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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