

FTNGDOS CHECKLIST for TASK FORCE GUARDIAN - SOUTHWEST BORDER MISSION

FULL TIME NATIONAL GUARD DUTY FOR OPERATIONAL SUPPORT

(FTNGDOS 32 USC §502(F) (2) IAW NGB POLICY MEMORANDUM #13-020 (FTNGDOS))

Name _____ **Rank/Grade:** _____ **SSN:** _____
(Last, First M.)

E-Mail: _____ **Your current**
Duty Location: _____

REQUIRED ITEMS – Check each box below to indicate completion and compliance

Completed TF-G application

Commanders Recommendation Form (pg. 4/4) - *Ensure provided copy is signed by your Commander*

AF FORM 422 (From your Medical Group - *Must be within the last 6 mos to 1 year*) - **Provide Copy**

IMR Printout (Find in AF Portal) - **Provide Copy**

Individual Government Travel Card (GTC). *Must have for lodging!*

Indicate GTC Status (e.g. "Active, Exp 02/21" or "In Mail, ETA MM/DD"): _____

Fitness Report: Air Force Fitness Management System II - *(Site in AF Portal: AFFMSII)* - **Provide Copy**

RIP: In vMPF, select Self-Service Actions > Personal Data > Duty History > View/Print All. - **Provide Copy**

DD Form 93 (In vMPF click "Record of Emergency Data") Updated: _____ - **Provide copy**

Cyber Awareness Challenge v4.0 (CBT in ADLS). Date complete: _____ - **Provide Cert. copy**

Family Care Plan: Needed? **Yes** or **No** (If Yes, Please provide family care plan)

ID (Dog) Tags: Status and location of tags: _____

Create an Army Knowledge Online (AKO) account -Directions attached

AKO e-mail (may be the same as your AF e-mail): _____

Task Force Guardian Support Personnel Information

For Official Use Only

Privacy Act 1974

The U.S. Government conducts background investigations to establish that applicants employed by or working for the government are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Your social security number is needed to keep records accurate, because other people may have the same name and birth date. Executive order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

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Last Name First Name Date of Birth

Rank Grade SSN Gender

Driver's License State / Number Place of Birth (City, State) Country/ Citizenship

Phone Number E-mail: *(Personal e-mail if preferred)*

Home Address Emergency Contact Info

Date Moved to Home Address

Mother's Maiden Name (Last, First, MI) Father's Name (Last, First, MI)

TASK FORCE GUARDIAN - Southwest Border Mission

Application for Full Time National Guard Duty For use of this

form see NGR 500-2 / ANGI 10-801

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

Rank/Grade	Branch	Social Security No#	Number of Dependents
		Sex:	Marital Status

Unit/Section of Assignment		Unit Phone Number	Unit Location (City)	Pay Date
Primary AFSC	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 (Find on RIP)	Current Status (AGR/DSG/MDAY/TECH)	Last set of orders start date:	Last order end date:

Can member stay on until 30 SEP 2020? **YES** **NO**

Available Start and End Dates _____

Projected school or other training dates that may effect TF-G orders _____

Are you a Technician? **YES** **NO** If so, have you informed your supervisor of your intent? **YES** **NO**

Are you Active Guard (AGR)? **YES** **NO**

Are you currently employed by the Department of Homeland Security (CBP) ? **YES** **NO** Are

Are you approaching your **1095**? **YES** **NO** If Yes, how many days do you have? _____

Last Name	First Name	Middle Name
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1. Do you currently have a valid license? License No# _____
2. Have you ever had your license suspended? _____
 If yes, explain and list dates _____

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

4. 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 _____

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 in TASK FORCE GUARDIAN. Disclosure is voluntary, however, failure to disclose the requested information may result in the application being rejected.

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 any false statements made on this application could lead to non-selection or dismissal from TASK FORCE GUARDIAN.**

Signature of Applicant: _____ **Date:** _____

Commander's Recommendation Task Force Guardian - Southwest Border Mission

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 FTNGS, TASK FORCE GUARDIAN

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

2. 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. Data for last two (2) APFT/ Fitness Tests:

1. Latest Fitness Test Date: _____ Test Result (Score or Level): _____

2. Previous Fitness Test Date: _____ Test Result (Score or Level): _____

3. Height/Weight Data: _____

If Fit test not current, provide an explanation:

b. Service member **does** **does not** have a negative disciplinary action pending.

c. Service member's current ETS date: _____

d. Service member's last PHA, Physical: _____

3. 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.

I do recommend this member for EAD

I do not recommend this member for EAD

Comments:

4. For further questions, I can be reached at _____

Group/Squadron CC Signature / Date

PRINT Name, Rank and Title

QUALIFICATION TO POSSESS FIREARMS OR AMMUNITION

PRIVACY ACT STATEMENT

AUTHORITY: 18 U.S.C. 922(g)(9); E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain information to determine if you have been convicted of a crime of domestic violence which would disqualify you from shipping, transporting, possessing or receiving either Government-issued or private firearms or ammunition and to determine if reassignment, reclassification, detail or other administrative action is warranted. Your Social Security Number is solicited solely for purposes of verifying your identity.

ROUTINE USE(S): To the Department of Justice so that such information can be included in the National Instant Criminal Background Check System which may be used by firearm licensees (importers, manufacturers or dealers) to determine whether individuals are qualified to receive or possess firearms and ammunition.

DISCLOSURE: Mandatory for all personnel who are required to certify. Failure to provide the information may result in (1) (military only) the imposition of criminal or administrative penalties for failing to obey a lawful order, and (2) (civilian only) the imposition of administrative penalties, to include removal from Federal service. However, neither your answers nor information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9), including (military only) prosecutions under the Uniform Code of Military Justice, based on a violation of Section 922(g)(9), for conduct which occurred prior to the completion of this form. The answers you furnish and any information resulting therefrom, however, may be used against you in a criminal or administrative proceedings if you knowingly and willfully provide false statements or information.

SECTION I - INSTRUCTIONS

An amendment to the Gun Control Act of 1968 (18 U.S.C. 922) makes it a felony for anyone who has been convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. It is also a felony for any person to sell or otherwise dispose of a firearm to any person so convicted.

The Department of Defense has, by policy, expanded the prohibitions contained in Title 18 Section 922(g)(9) to those military or civilian personnel who have felony convictions for crimes of domestic violence. Convictions of crimes of domestic violence do not include summary court-martial convictions, the imposition of nonjudicial punishment (Article 15, UCMJ), or deferred prosecutions (or similar alternative dispositions) in civilian courts. Furthermore, a person shall not be considered as having committed a "crime of domestic violence" for purposes of the firearms restriction of the Gun Control Act unless all of the following elements are present:

- (1) the person was convicted of a crime;
- (2) the offense has as its factual basis the use or attempted use of physical force, or threatened use of a deadly weapon;
- (3) the convicted offender was at the time of the offense:
 - (a) a current or former spouse, parent or guardian of the victim,
 - (b) a person with whom the victim shared a child in common,

- (c) a person who was cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or
- (d) a person who was similarly situated to a spouse, parent, or guardian of the victim;
- (4) the convicted offender was represented by counsel, or knowingly and intelligently waived the right to counsel;
- (5) if entitled to have the case tried by jury, the case was actually tried by jury or the person knowingly and intelligently waived the right to have the case tried by jury;
- (6) the conviction has not been expunged or set aside, or the convicted offender has not been pardoned for the offense or had civil rights restored, unless the pardon, expungement, or restoration of civil rights provides that the person may not ship, transport, possess or receive firearms.

If you have ever received a domestic violence conviction: (1) you may not possess any firearm or ammunition; and (2) you must return any Government-issued firearm or ammunition to your commander or immediate supervisor; and (3) you must take steps to relinquish possession of any privately owned firearms or ammunition. Furthermore, any previously issued authorization to possess a firearm or ammunition is revoked.

If you have any questions, or you are uncertain if you have such a conviction, you may wish to contact a legal assistance attorney, if eligible, or a private attorney, at your own expense.

SECTION II - QUALIFICATION INQUIRY *(Complete and return to your commander or immediate supervisor within 10 days of receipt)*

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF DOMESTIC VIOLENCE AS DESCRIBED ABOVE: *(Initial and date)*

YES	NO	I DON'T KNOW <i>(Provide explanation on reverse)</i>
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2. IF YOU ANSWERED "YES" TO THE FIRST QUESTION, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE CONVICTION:

a. COURT/JURISDICTION	b. DOCKET/CASE NUMBER
c. STATUTE/CHARGE	d. DATE SENTENCED <i>(YYYYMMDD)</i>

3. CERTIFICATION. I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for criminal and/or administrative proceedings, to include (if civilian) adverse action, up to and including removal, and (if military) disciplinary action under the Uniform Code of Military Justice. I further understand that I have a continuing obligation to inform my Commander or Supervisor should I be convicted of a crime of domestic violence in the future.

a. NAME <i>(Last, First, Middle Initial)</i>	b. RANK/GRADE	c. SOCIAL SECURITY NUMBER
d. ORGANIZATION	d. SIGNATURE	e. DATE SIGNED <i>(YYYYMMDD)</i>

How to create an Army Knowledge Online (AKO) account.



To register for AKO/DKO: (Get a CAC reader from your CSL or COMM if attempting from home)

1. Go to <https://www.us.army.mil>
2. Click on 'Register with a CAC'
3. When prompted, enter your PIN or select your certificate.
4. Enter your Social Security Number, or Foreign Identification Number. DO NOT register for a Utility Account.
5. Enter your Date of Birth
6. Enter your User Information, if needed
7. Enter an External Email Address
8. Enter Organization Information
9. Create and Confirm your Password
10. Complete your Password Questions - these are used to verify your identity if you lose or forget your password
11. Account Registration Complete - you should see all your account information.
12. DoD policy dictates that usernames must follow the format: full first name.middle initial.last name, with trailing numbers used to create unique ID's. An example is john.b.smith13.

AKO/DKO Eligible Account Types:

- Air National Guard Technician/Army National Guard Technician
- Active Army/Army Reserve/ Army Civilian/ Army National Guard AGR
- Active Air Force/Air Force Reserve/Air Force Civilian/ Air National Guard AGR