



# WASHINGTON ARMY NATIONAL GUARD

J1-Human Resources Office

Active Guard Reserve (AGR) Announcement

Job Announcement # **23-058**

**OPEN TO CURRENT MEMBERS OF THE WASHINGTON ARMY NATIONAL GUARD OR APPLICANTS WHO ARE ELIGIBLE FOR IMMEDIATE ENLISTMENT/APPOINTMENT IN THE WASHINGTON ARMY NATIONAL GUARD.**

**OPENING DATE:** 09 June 2023

**CLOSING DATE:** 09 July 2023

**VACANCY ANNOUNCEMENT:** NATIONWIDE

All applicants **MUST** be worldwide deployable.

**MINIMUM GRADE REQUIREMENT:** SGT: \$2914.20 – \$3,874.80 through SSG: \$3,424.80 - \$4,614.40 depending on years of service, plus allowances for rations, uniforms, and housing.

**POSITION:** Medical Readiness NCO (68W)

**UNIT:** HHC, 1-161 IN

**DUTY LOCATION:** Spokane, WA 99217

**SECURITY CLEARANCE:** Secret

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## **BRIEF DESCRIPTION OF DUTIES:**

Serves as the Regiment Medical Readiness NCO. Focuses on key metrics related to the medical readiness of the unit and Soldiers; monitors and reports annual medical requirements, Periodic Health Assessments (PHAs), visual, hearing, and dental screenings, immunization compliance, and manages temporary and permanent profiles; serves as the medical operations, medical logistics and patient administration subject matter expert; maintains access for Medical Operational Data System (MODS), Medical Electronic Data for Care History and Readiness (MEDCHART), Medical Protection System (MEDPROS) and the 68W module, eMMPS for Line of Duty (LOD) tracking, and other applications as required for the MSC. Assists in carrying out S1 functions in order to accomplish the objectives of the Command. Be familiar with and understand the Integrated Personnel and Pay System (IPPS-A), My Unit Pay System (MUPS), Integrated Personnel and Pay System (iPERMS), Digital Training Management System (DTMS) and the G1 Portal for ERB actions. Performs other duties as assigned.

## **MINIMUM QUALIFICATIONS:**

Open to all enlisted Soldiers in the grade of **SGT** through **SSG** (AGR & Traditional). Applicants must be qualified in MOS **68W** or be eligible to become qualified within 12 months of hire date in accordance with AR 135-18.

***Promotion will not exceed maximum rank authorized of SSG for this position.***

## AGR Vacancy Announcement 23-058

### THE FOLLOWING ARE SOME OF THE MANDATORY QUALIFICATIONS FOR ENTRY INTO THIS MOS PER DA PAM 611-21 AS OF JAN 2022:

- (1) A physical demands rating of Significant (Gray).
- (2) A physical profile of 111121.
- (3) No aversion to blood.
- (4) Must possess finger dexterity in both hands.
- (5) Per AR 600-8-19, promotion to MSG and SGM requires an interim eligibility clearance or higher.
- (6) Qualifying scores.
  - (a) A minimum score of 105 in aptitude area ST and 110 in aptitude area GT in Armed Services Vocational Aptitude Battery (ASVAB) tests administered prior to 2 January 2002.
  - (b) A minimum score of 102 in aptitude area ST and 110 in aptitude area GT on ASVAB tests administered on and after 2 January 2002 and prior to 1 July.
  - (c) A minimum score of 101 in aptitude area ST and 107 in aptitude area GT on ASVAB tests administered on and after 1 July 2004.
  - (d) A minimum OPAT score of Standing Long Jump (LJ) – 0140 cm, Seated Power Throw (PT) – 0400 cm, Strength Deadlift (SD) – 0140 lbs., and Interval Aerobic Run (IR) – 0040 shuttles in Physical Demand Category in “Significant” (Gray).

### CONDITIONS OF EMPLOYMENT:

1. Applicants must meet medical fitness standards established in AR 40-501, Chap 2, 3, 4, or 5 as applicable and must meet body composition standards prescribed in AR 600-9.
2. **Effective 01 April 2023 ALL Soldiers applying for AGR positions will require a passing ACFT within 6 months of application** (IAW PPOM 22-023) and meet the Army body composition standards per AR 600-9.
3. Must be able to complete a 3-year initial tour of active duty before one of the following:
  - (a) Reaching the applicable date for Retention Control Points based on grade per NGR 600-5, Table 5-1.
  - (b) Reaching the date of mandatory removal from an active status based on age or service (without any extensions), under any provisions of law or regulation, as prescribed by current directives.
4. Applicants meeting any condition listed in Table 2-3, AR 135-18 will be determined ineligible to enter the AGR program.
5. Applicants are encouraged to refer to detailed qualifications in Chapter 2, AR 135-18.
6. Individual selected must have at a minimum an Interim Secret Clearance to enter into the AGR program. All Soldiers in an AGR status are required to maintain at least a SECRET security clearance regardless of the Soldier's primary military occupational specialty (PMOS). See NGWA-HRO, Security Clearance Policy dated 05 November 2013 for further guidance.
7. All applicants must possess a valid civilian motor vehicle operator's license and become licensed to operate military vehicles organic to the unit.

### ADDITIONAL INFORMATION:

- Acceptance of an AGR position will terminate eligibility for all bonuses and student loan repayments effective on the date of entry into AGR status. This does not affect Montgomery GI bill eligibility.
- If applicable, promotion will not exceed maximum grade authorized for the position occupied.
- Individual selected will be ordered to/or continued on full-time military duty under the provisions of Title 32 USC 502(f) in Washington State. Subsequent tours are at the discretion of The Adjutant General.

## AGR Vacancy Announcement 23-058

- Individuals entering the AGR program are required to enroll in the Army Sure-Pay Program (direct deposit).
- Individual selected will be stabilized in the position for the first 18 months, each transfer after the initial 18 months will be 12-month tours. An exception to the 18 month and 12-month rule requires prior approval from TAG.
- Applicants must satisfy requirements outlined in Chapter 2, NGR 600-5, AR 135-18, NGR 600-200, NGR 601-1(Ch 2-7), and DA Pam 611-21.

### APPLICATION PROCEDURE:

Complete VACANCY ANNOUNCEMENT CHECKLIST included with the announcement for required documents to submit with your application. All applications must be received at HRO-AGR, NLT **COB 1600** hrs. PST on the closing date. **Early submission** is highly suggested.

*E-mail applications to:* HRO-AGR Applications Distro List  
[ng.wa.waarnng.list.agr-applications@army.mil](mailto:ng.wa.waarnng.list.agr-applications@army.mil)

Note: **Label packets with the following naming convention: 23-058 - Last Name, First Name (Example: 23-030 - Smith, Alex).** If you do not receive a confirmation of receipt **2** business days after closing date, please contact the HRO-AGR office at (253) 512-8396.

### POSITION FILL:

Applications received are reviewed for eligibility. Complete and accurate data is essential to ensure fair evaluation of candidates. **Application packets missing documents and/or vital, current data will not be considered and will be determined UNQUALIFIED.** It is the applicant's responsibility to ensure the NGB 34-1 and all supporting documents are accurate and complete.

### EQUAL OPPORTUNITY:

This position will be filled without regard to race, color, gender, religion, national origin, or political affiliation. This announcement will be posted on the website below:

Washington Military Department website at <https://mil.wa.gov/agr-jobs-and-positions>

You can reach the HRO-AGR office at (253) 512-8396.

FOR THE ADJUTANT GENERAL:

//S//  
JOHNATHAN E. WALKER  
LTC, AR (FA46) WAARNG  
AGR Manager

## APPLICATION PACKET PREPARATION

### HOW TO APPLY:

#### **PORTFOLIO PDFs AND PDFs WITH ATTACHMENTS WILL NOT BE ACCEPTED.**

All applicants must submit one **complete single PDF** application packet via email to HRO-AGR Services ([ng.wa.waarng.list.agr-applications@army.mil](mailto:ng.wa.waarng.list.agr-applications@army.mil)) to be considered for an AGR position. Packets submitted with multiple attachments will be returned.

The documents listed on the checklist may be located on iPERMS, AKO, or through your Readiness NCO/ Training NCO/ Battalion S1. It is highly recommended that all applicants use these sources to assist with packet assembly. Follow the checklist for guidance in packet preparation.

- NGB Form 34-1 <https://www.ngbpmc.ng.mil/ngf/> (Application for AGR Position) dated Nov 2013 **(must be signed and dated)**; **if applicable attach a sheet explaining any “yes” answers to section IV.**
- Make all entries legible and complete. **Vacancy Announcement Number and Position Title are required for all applications. Please include contact information (i.e. phone numbers, complete address, and an e-mail address).**
- Submit copies of supporting documents that are **up to date**.
- Make sure copies are clearly legible throughout.
- Additional supporting documents (letters of recommendation, certificates, diplomas, etc) will be placed at the end of the packet.

If an incomplete packet leads to the inability to determine eligibility notification will be sent to the individual indicating the reason for disqualification. All application packets submitted become the property of the HRO-AGR Office and will not be returned.

**The applicant is responsible for ensuring the application is complete and all required documents are correct, current, and included.**

**Application packets missing documents and/or vital, current data will not be considered and will be determined UNQUALIFIED.**

## TITLE 32 AGR APPLICATION CHECKLIST (Enlisted)

\*\*\*INCOMPLETE APPLICATION WILL NOT BE ACCEPTED\*\*\*

LAST NAME:

SSN:

RANK:

DAYTIME PHONE:

EMAIL:

CURRENT STATUS (SELECT ONE):

VACANY ANNOUNCEMENT #

### **PACKET SEQUENCE AND DOCUMENT REQUIREMENTS**

(Application must be submitted as **one single .pdf**. Applications not containing all documentation IAW guidance below will not be considered)

1. ☐ NGB Form 34-1 dated Nov 2013 (Hyper-link: <https://www.ngbpmc.ng.mil/ngbforms/> must be complete with signature and date).
2. ☐ ERB (Selection Board) containing **ASVAB scores** (Certified Copy) IAW NGR 600-5. If your ASVAB scores are not reflected on the ERB, a copy of one of the following is required: **DD 1966** or Re-Enlistment Eligibility Data Display (**REDD**) **Report**. Include a copy of Armed Forces Classification Test (AFCT) Results Memorandum if most current and accurate ASVAB scores are not reflected on requested documentation.
3. ☐ Individual Medical Readiness (IMR) Report from MEDPROS with last Physical Health Assessment (PHA) within **12 months** of application. It is important that you print the report, not the web-page screen. (Log into MEDPROS, Forms, IMR Record, download)
4. ☐ Copies of all DD 214's (MEMBER -4) and NGB 22's showing all prior service.
5. ☐ Current NGB Form 23-B (Retirement Points History Statement) if a member of the National Guard.
6. ☐ Current DA Form 1506 (Statement of Service) if NGB Form 23-B is not available.
7. ☐ DA 705 ACFT, Effective 01 April 2023 **ALL** Soldiers applying for AGR positions will require a passing ACFT within 6 months of application (IAW PPOM 22-023).
8. ☐ Memorandum stating height and weight compliance addressed to the President of the Board and signed by applicant's unit Readiness NCO, First Sergeant, or Commander. Memorandum must be dated **within 30** days of application. DA FORM 5500/5501 in lieu of memorandum will not be accepted. Regardless of rank or position, applicants may NOT sign their own memorandum.
9. ☐ Copies of **last five** evaluations in entirety. **New E-5 and below** - a letter of recommendation is suggested in lieu of evaluations.
10. ☐ Current **Washington AGR Soldiers** applying need a memorandum from the chain of command endorsing your application (Unit Commander, BN Commander, and MSC Commander). Memorandum must waive **12 or 18 month stabilization** through TAG if applicable. **Applicants for RRB vacancies exempt.**
11. ☐ Copy of Social Security card.
12. ☐ **Attached forms** - DD 369 (blocks 1-9, and 11). HRR Form 600 (in entirety).
13. ☐ Memorandum of explanation for missing documentation (if applicable). **Examples include** missing evaluations, Security Clearances older than 10 years, PHA not within 12 months, incomplete data on ERB.

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| <b>POLICE RECORD CHECK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                        | <b>1. DATE OF REQUEST (YYYYMMDD)</b>                             |                                                                                                                                                            | OMB No. 0704-0007<br>OMB approval expires<br>20250531 |                                                                                                              |                                                             |
| <p>The public reporting burden for this collection of information is estimated to average 27 minutes per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p><b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
| <b>SECTION I - (To be completed by Recruiting Service)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
| <b>2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                        | <b>3. SEX</b>                                                    |                                                                                                                                                            | <b>4. PLACE OF BIRTH</b>                              |                                                                                                              |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                        | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |                                                                                                                                                            | <b>A. CITY</b><br><b>B. COUNTY</b><br><b>C. STATE</b> |                                                                                                              |                                                             |
| <b>5. DATE OF BIRTH (YYYYMMDD)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>6. A. ETHNICITY</b>                                                                                 |                                                                  | <b>6. B. RACE (Select one or more)</b>                                                                                                                     |                                                       | <b>7. SOCIAL SECURITY NUMBER</b>                                                                             |                                                             |
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| <b>8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       | <b>9. DATES RESIDED AT THIS ADDRESS</b>                                                                      |                                                             |
| <b>A. NUMBER AND STREET (include apartment no.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                        | <b>B. CITY</b>                                                   |                                                                                                                                                            | <b>C. STATE</b>                                       |                                                                                                              | <b>D. ZIP CODE</b>                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              | <b>A. FROM (YYYYMMDD)</b>                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              | <b>B. TO (YYYYMMDD)</b>                                     |
| <b>10. PERSON MAKING THIS REQUEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
| <b>A. NAME (Last, First, Middle Name(s))</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                        | <b>B. RANK</b>                                                   |                                                                                                                                                            | <b>C. SIGNATURE</b>                                   |                                                                                                              | <b>D. TITLE</b>                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
| <b>SECTION II - (To be completed by Applicant)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
| <b>PRIVACY ACT STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
| <p><b>AUTHORITY:</b> 10 U.S.C. Sections 136, 504, 505, 12102; 14 U.S.C. Sections 351 and 632; DoDI 1304.2; DoDI 1304.26; and E.O. 9397 (SSN), as amended.</p> <p><b>PRINCIPAL PURPOSE(S):</b> The information collected on this form is used to screen and identify applicants to the Armed Forces who may have discreditable involvement with the police or other law enforcement agencies. Completed forms are used to conduct background records checks used to determine eligibility of applicants for accession into the Armed Forces. Completed forms are covered by recruiting and official military personnel SORNs maintained by each of the Services.</p> <p><b>ROUTINE USE(S):</b> The routine uses are found in the associated system of records notices listed below:<br/>         DoDM 1145.02, Military Entrance Processing Station (MEPS); <a href="https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodm/114502m.pdf?ver=2018-07-23-121425-917">https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodm/114502m.pdf?ver=2018-07-23-121425-917</a><br/>         A0601-210c TRADOC, Army Recruiting Prospect System; <a href="http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570073/a0601-210c-tradoc/">http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570073/a0601-210c-tradoc/</a><br/>         F036 AETC R, Air Force Recruiting Information Support System (AFRISS) Records; <a href="http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569780/f036-aetc-r/">http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569780/f036-aetc-r/</a><br/>         M01133-3, Marine Corps Recruiting Information Support System (MCRISS); <a href="http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570628/m01133-3/">http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570628/m01133-3/</a><br/>         N01133-2, Recruiting Enlisted Selection System; <a href="http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570318/n01133-2/">http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570318/n01133-2/</a><br/>         DHS/USCG-027, Recruiting Files System of Records; <a href="http://www.gpo.gov/fdsys/pkg/FR-2011-08-10/html/2011-20225.htm">http://www.gpo.gov/fdsys/pkg/FR-2011-08-10/html/2011-20225.htm</a></p> <p><b>DISCLOSURE:</b> Voluntary. However, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States. An applicant's SSN is used to conduct the police records check and keep all records together during the enlistment process.</p> |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
| <b>11. I HEREBY CONSENT TO RELEASE YOUR FILES FROM THE INFORMATION REQUESTED BELOW.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                        |                                                                  |                                                                                                                                                            | <b>SIGNATURE</b>                                      |                                                                                                              |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
| <b>SECTION III - (To be completed by Police or Juvenile Agency)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
| <p>The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
| <b>12. DOES THE APPLICANT HAVE A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| (if YES, what was the offense or charge, date, disposition and sentence?)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
| <b>13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| (if YES, give details.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
| <p><b>THIS IS TO CERTIFY THAT THE ABOVE DATA, AS CORRECTED, ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
| <b>14. DATE (YYYYMMDD)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>15. TITLE</b>                                                                                       |                                                                  |                                                                                                                                                            | <b>16. VERIFIED BY (Signature)</b>                    |                                                                                                              |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |
| <b>LAW ENFORCEMENT AGENCY MAIL TO:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                        |                                                                  |                                                                                                                                                            | <b>RECRUITING AGENCY MAIL FROM:</b>                   |                                                                                                              |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                        |                                                                  |                                                                                                                                                            |                                                       |                                                                                                              |                                                             |

## RECRUITING AND TRAINING CADRE SUITABILITY QUESTIONNAIRE

The proponent for this form is ARNG-HRR.

**Disclosure:** This is required before hiring into a position that supports the accomplishment of the recruiting mission.

### Section I: Soldier Information

1a. Soldier's Name (Last, First, Middle):

1b. Rank/Grade:

2. Unit of assignment:

3. Position Applying for:

### Section II: Type I Offenses (Over the Soldier's Lifetime)

**Have you received a civilian or military conviction, or a finding of guilty in a field grade Article 15, Uniform Code of Military Justice (UCMJ) proceedings for any of the offenses listed below:**

YES

NO

1. Possessing, distributing, receiving, or viewing child pornography (Article 134 UCMJ).

2. Forcible sodomy or bestiality (Article 125 UCMJ) (Article 120 or 134 after 1 January 2019).

3. Any offense punishable under Article 120, 120a, 120b, and 120c UCMJ (Articles 120, 120b, 120c, and 130 after 1 January 2019); similar civilian offense (rape, sexual assault, aggravated sexual contact, abusive sexual contact, stalking, sexual abuse of a child); or any attempt to commit such acts (Article 88 UCMJ).

4. Prohibited activities with a subject of recruiting efforts, future Soldier, or initial entry trainee that fall under DoD Instruction 1304.33, enclosure 3, paragraph 1a(1)(a-c). (Article 93a after 1 January 2019)

5. Domestic violence or child abuse (as defined in DoDI 6495.03 or AR 608-18); violent crimes; similar civilian offenses; or attempts to commit such acts (Article 88 UCMJ).

6. Previous separation from any Service for any Type I offense listed above.

7. Any conviction that requires an individual to register as a sex offender.

**Note:** For Type II and Type III Offenses, "adverse information" is any substantiated adverse finding or conclusion from an officially documented investigation or inquiry, or any other credible information of an adverse nature. To be credible, the information must be resolved and supported by a preponderance of the evidence. To be adverse, the information must be derogatory, unfavorable, or of a nature that reflects clearly unacceptable conduct, integrity, or judgment on the part of the Soldier.

### Section III: Type II Offenses (Over a Soldier's Military Career, Including Sister Services)

**Note:** Information in the Soldier's record suggestive of a Type I offense that does not result in a criminal conviction or a finding of guilty in a field grade Article 15 proceeding will be treated as a Type II offense and reviewed by the approval authority.

**Is there adverse information listed against you for any of the offenses listed below:**

YES

NO

1. Sexual harassment (Article 92, 93, or 117 UCMJ).

2. Prostitution or pandering (Article 134 UCMJ).

3. Sexual activity with a subordinate or fraternization of a sexual nature.

|                                                                                                                                                                            |            |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| 4. Conduct in violation of the Army's policy regarding participation in extremist organizations or activities or criminal gangs (as defined in AR 600-20, paragraph 4-12). |            |       |
| 5. Any special or general courts-martial conviction or any civilian criminal felony conviction (other than a conviction for Type I offenses).                              |            |       |
| 6. Any criminal offenses involving a child or children (other than Type I offenses).                                                                                       |            |       |
| 7. Extramarital sexual conduct or inappropriate relationship in violation of AR 600-20, paragraphs 4-14 or 4-15 (other than sexual activity with a subordinate or          |            |       |
| 8. Wrongful broadcast or distribution of intimate visual images (Article 117a UCMJ).                                                                                       |            |       |
| 9. Illegal drug use or possession or distribution, including abuse of prescription medication and synthetic drugs (Article 112a UCMJ).                                     |            |       |
| 10. Initial enlistment waivers for derogatory information related to any Type I offense.                                                                                   |            |       |
| 11. Type I offenses for which the Soldier was not convicted in a court of law or received an Article 15 or higher UCMJ action.                                             |            |       |
| 12. Alcohol abuse (as defined in AR 600-85).                                                                                                                               |            |       |
| <b>Section IV: Type III Offenses<br/>(Within the Last 5 Years Unless Otherwise Stated)</b>                                                                                 |            |       |
| <b>Is there adverse information listed against you for any of the offenses listed below:</b>                                                                               | YES        | NO    |
| 1. Relief for cause noncommissioned officer evaluation report or officer evaluation report while in current grade or in the past 5 years, whichever is longer.             |            |       |
| 2. Previous separation from any Service for any Type III offense.                                                                                                          |            |       |
| 3. Initial enlistment waivers for derogatory information (not related to an offense listed under Type II).                                                                 |            |       |
| 4. Assault (other than categories listed under Type I).                                                                                                                    |            |       |
| 5. Larceny, fraud, or robbery (Articles 121, 122, and 132 UCMJ).                                                                                                           |            |       |
| 6. Burglary (Article 129).                                                                                                                                                 |            |       |
| 7. Prohibited activities with a subject of recruiting efforts, future Soldier, or initial entry trainee that fall under DoDI 1304.33, enclosure 3, paragraph 1a(1)(d-n).   |            |       |
| <b>Section V: Administrative Reports That Prevent Initial Appointment to These Positions</b>                                                                               |            |       |
| 1. Are you flagged, barred from reenlistment/extension, or coded with any administrative information indicating legal investigation is underway?                           |            |       |
| 2. Are you pending determination by a Medical Evaluation Board, Physical Evaluation Board, or Military Occupational Specialty Administrative Retention Review process?     |            |       |
| 3. Do you have a current Periodic Health Assessment (PHA)?                                                                                                                 |            |       |
| <b>Section VI: Acknowledgement</b>                                                                                                                                         |            |       |
| By signing below, I acknowledge I have answered the above sections truthfully and honestly.                                                                                |            |       |
| Name.                                                                                                                                                                      | Signature. | Date. |