

# COUNTERDRUG JOINT TASK FORCE

## Application for Full Time National Guard Duty – Counterdrug

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

Announcement Number <input style="width: 100%;" type="text"/>	Position <input style="width: 100%;" type="text"/>
Last Name _____ First Name _____ MI _____	
Present Address _____	
City _____	State _____ Zip Code _____
Home Phone _____	Work Phone _____
Rank _____ Army/Air Force (circle one) SSN _____ Number of Dependents _____	
Unit of Assignment _____	Section _____
Unit Location (City) _____	Unit Phone _____
Primary MOS/AFSC _____	MOS/AFSC Description _____
Security Clearance Type/Date _____	PEBD (Army) / Pay Date (Air Force) _____
Receiving VA Disability: YES / NO (circle one) Open LOD: YES / NO (circle one) ETS Date _____	
Date and Location of Most Recent Military Physical Examination _____	
Total Years of Active Federal Service _____	Current Status: ___ AGR ___ Tech ___ ADSW ___ M-day
Have you ever worked for CDJTF before? YES / NO (circle one) If Yes, When: _____	
<p><b>You must sign this application. Read the following <u>carefully</u> before you sign.</b></p> <p>Personnel Data Privacy Act of 1974 (5 USC 552). This information is used to determine the qualification of persons applying to voluntarily participate on the Counterdrug Joint Task Force (CDJTF). Disclosure is voluntary, however, failure to disclose the requested information may result in the application being rejected.</p> <p>Full Time National Guard Duty – Counterdrug (FTNGD-CD) personnel are required to attend unit scheduled IDT's/UTA's and 15 days of Annual Training with their assigned National Guard unit. (Applicants initials _____)</p> <p><i>I understand and agree that any information provided by me may be investigated as allowed by law. I certify by my signature that to the best of my knowledge and belief, all of the information on this application is true and complete. I understand that if selected for employment with the CDJTF, I will participate in a drug testing program and undergo a background investigation. Some assignments also require additional background checks and polygraph screening. I understand any false statements made on this application could lead to non-selection or dismissal from the CDJTF.</i></p>	
Signature of Applicant _____	Date _____

High School Graduate or GED/Diploma received Y N Year \_\_\_\_\_

Highest Military Education/School Completed \_\_\_\_\_ Year \_\_\_\_\_

Names of Colleges or Technical Schools: \_\_\_\_\_

1. \_\_\_\_\_ Year \_\_\_\_\_ Graduate Y N

Course/Subjects of Study \_\_\_\_\_

2. \_\_\_\_\_ Year \_\_\_\_\_ Graduate Y N

Course/Subjects of Study \_\_\_\_\_

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

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

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

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

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

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

Place you entered the United States \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Alien Registration Number \_\_\_\_\_

### EMPLOYMENT HISTORY (List most recent employer first)

Employer: \_\_\_\_\_ May we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Employer: \_\_\_\_\_ May we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

**EMPLOYMENT HISTORY (List most recent employer first)**

Employer: \_\_\_\_\_ May we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ May we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ May we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ May we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ May we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

**KNOWLEDGE, SKILLS, AND ABILITIES:**

1. Describe any experience with law enforcement, schools, communities, and/or other organizations.

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2. Describe your administrative skills (typing, computers, software used, etc.).

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3. Describe your technical skills (mechanical, electronic, etc.) Include any certificates and/or licenses.

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4. Describe any other knowledge, skills, and abilities which would be of benefit to the CDJTF .

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**Montana National Guard Joint Task Force**  
**Commander's Letter of Recommendation Checklist (IAW NGR 500-2/ANGI 10-801 ch 8, par 8-11b)**

1. Name (Last, First Middle)		2. Grade / Rank	3. SSN	4. Gender	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
5. Organization (Include Address & Zip Code)				6. Unit Phone	
7. Home of Record (Street, City, State & Zip Code)				8. Home Phone	
9. Unit Position			10. Months in position		
11: DOB / Age	12. Date of Rank	13. MOS / AFSC		14. BRANCH	
/		/		<input type="checkbox"/> ARNG <input type="checkbox"/> ANG	
15. Date SM will enter sanctuary on the CDJTF Program (18 years of Active Federal Service):					
<b>Required Medical Information To Be Completed By *Medical Staff or Command</b>					
1. According to the annual medical review, (MEDPROS / SF 507) dated ____/____/____					
* Is the SM qualified for world-wide duty and is the SM a deployable asset? <input type="checkbox"/> Yes <input type="checkbox"/> No – Then attach completed profile form.(DA 3349 (ARNG) or AF Form 422 (ANG))					
Printed name and rank of medical or command staff			Signature		Date
<b>All Items Below Are To Be Completed By *Soldier/Airman's Unit Commander</b>					
1. Current status: Check all that apply					
<input type="checkbox"/> M Day / Traditional		<input type="checkbox"/> Title 10		<input type="checkbox"/> AGR	
<input type="checkbox"/> FTNGD-CD		<input type="checkbox"/> Technician		<input type="checkbox"/> ADOS	
2. This service member will be serving in a rank structured organization. If the SM is promoted above the SM's Counterdrug authorized grade, the approval authority for retention on CDJTF orders is the Counterdrug Coordinator only. Every situation will be reviewed on a case by case basis. Initial _____					
3. Has the SM passed a 'For Record' physical fitness test in the last 12 months? * Attach current PT test				<input type="checkbox"/> Yes	<input type="checkbox"/> No*
Date of Last Physical Fitness Test		Score of Last Physical Fitness Test (Pass/Fail)			
4. Is the SM within height and weight standards?				<input type="checkbox"/> Yes	<input type="checkbox"/> No*
5. Has the SM been the subject of disciplinary action under the UCMJ during the last 12 months or is the SM pending disciplinary action under the UCMJ?				<input type="checkbox"/> Yes*	<input type="checkbox"/> No
6. Has the SM ever misused the government travel credit card?				<input type="checkbox"/> Yes*	<input type="checkbox"/> No
7. Is this SM in good standing, participating in AT and drill, and do you recommend the SM for employment / re-employment with the CDJTF?				<input type="checkbox"/> Yes	<input type="checkbox"/> No*
8. If your answer to any of the above questions is followed by an asterisk (*) please provide comments below. Start your comments with the number of the question requiring explanation. (Use additional sheets as needed.)					
9. Unit Commander's statement of SM's overall potential/performance. Use additional sheets as needed.					
Printed name & rank of Commander			Signature		Date
Commander Phone Number					

**POLICE RECORD CHECK**

**1. DATE OF REQUEST**  
(YYYYMMDD)

OMB No. 0704-0007  
OMB approval expires  
Dec 31, 2017

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, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0007). 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.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION, RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.**

**SECTION I - (To be completed by Recruiting Service)**

<b>2. NAME OF APPLICANT</b> (Last, First, Middle Name(s), Alias)		<b>3. SEX</b>		<b>4. PLACE OF BIRTH</b>		
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		a. CITY		b. COUNTY
						c. STATE
<b>5. DATE OF BIRTH</b> (YYYYMMDD)	<b>6.a. ETHNIC CATEGORY</b>		<b>6.b. RACIAL CATEGORY</b> (X one or more)			<b>7. SOCIAL SECURITY NUMBER</b>
	<input type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO		<input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input type="checkbox"/> (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> (5) WHITE			
<b>8. ADDRESS IN ADDRESSEE'S JURISDICTION</b> (See "MAIL TO" block)					<b>9. DATES RESIDED AT THIS ADDRESS</b>	
a. NUMBER AND STREET (include apartment no.)		b. CITY		c. STATE	d. ZIP CODE	a. FROM (YYYYMMDD)
						b. TO (YYYYMMDD)

**10. PERSON MAKING THIS REQUEST**

a. NAME (Last, First, Middle Name(s))	b. RANK	c. SIGNATURE	d. TITLE

**SECTION II - (To be completed by Applicant)**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. Sections 136, 504, 505, 12102; 14 U.S.C. Sections 351 and 632; DoDI 1304.2; DoDI 1304.26; AR 601-270; OPNAVINST 1100.4C Ch-1; AFI 36-2003\_IP; MCO 1100.75E; COMDTINST M 1100.2E; AR 601-210; and E.O. 9397, as amended (SSN).  
**PRINCIPAL PURPOSE(S):** 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.  
**ROUTINE USE(S):** DoD "Blanket Routine Use" 2, Disclosure When Requesting Information Routine Use, specifically applies: A record from a system of records maintained by a DoD Component may be disclosed as a routine use to a Federal, State, or local agency maintaining civil, criminal, or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to a DoD Component decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant, or other benefit. The DoD Blanket Routine Uses at <https://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> apply.  
**DISCLOSURE:** 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.

The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Making a knowing and willful false statement on this DD Form 369 may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignment, security clearances, court martial and administrative proceedings, etc.

<b>11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.</b>	<b>SIGNATURE</b>

**SECTION III - (To be completed by Police or Juvenile Agency)**

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.

**12. DOES THE APPLICANT HAVE A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS?**  YES  NO  
(If YES, what was the offense or charge, date, disposition and sentence?)

**13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND?** (If YES, give details.)  YES  NO

**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>14. DATE</b> (YYYYMMDD)	<b>15. TITLE</b>	<b>16. VERIFIED BY</b> (Signature)

<b>LAW ENFORCEMENT AGENCY MAIL TO:</b>	<b>RECRUITING AGENCY MAIL FROM:</b>