STATEWIDE JOB ANNOUNCEMENT
FULL TIME NATIONAL GUARD FOR COUNTERDRUG - TITLE 32
SUBJECT TO ANNUAL FUNDING

CD ANNOUNCEMENT #: CD 17-023

OPEN TO: Texas Army National Guard

OPEN DATE: 08 June 2017

CLOSING DATE: 16 June 2017

PROJECTED START DATE: 21 June 2017 (Tentative)

POSITION TITLE: **Temporary** Liaison Officer in support of JTF-N (MOS Immaterial)

WORK LOCATION: El Paso, Texas (PCS IS NOT authorized)
Prior to orders start date Service Member MUST reside at a HOR within 50 miles of the duty location and ensure zip code reflects in SIDPERS or MILPDS.

RANK:
E-Grade Limitation: 1 position – No Less Than E-8
O-Grade Limitation: 1 position – Not to Exceed O-4
W-Grade Limitation: May not apply

BRANCH: Texas Army National Guard

HOW TO APPLY: Applicants will assemble and mail/e-mail (1 pdf file) the following documents:
NO BINDERS OR STAPLES
We will not accept scanned or faxed applications unless you are Internal Counterdrug or currently deployed.
Applications submitted via email (Internal CD or deployed) will only be accepted if sent as a single pdf file.

EXTERNAL APPLICANTS:

1. Counterdrug Application Checklist (Initial next to each item attached and **sign/date**)
2. Counterdrug Application for Employment (signed)
3. Memorandum of Consideration stating in your words why you should be hired for the position
4. Enlisted Records Brief (ERB) or Officer Records Brief (ORB)
5. Previous Counterdrug evaluations (Unit evaluations will be accepted if you have never been on CD orders). If you do not have any evaluations, submit a memorandum stating the reason.
6. Current (within 6 months) and passing Physical Fitness test and current height and weight memorandum (with measurements) from Unit Commander. If exceeding standards, include a DA Form 5500/DA 5501. NOTE: An APFT will be conducted during the first week on CD orders. Failure to meet component standard will result in immediate dismissal.
7. Military Biographical Summary
8. Security clearance memorandum from your Unit Security Manager verifying your clearance. **No JPAS printouts.**
9. Commanders Letter of Recommendation Checklist (**Signed by both the Commander and medical or command staff**)
10. DD Form 369 (Police Records Check). Complete blocks one through nine and **sign block eleven**
11. Signed copy of “CD Unique Requirements”
12. MEDPROS print out
13. Current Point Summary (RPAM)

14. Personal Data Card (signed)
15. DA 5960 – **Leave block 5 Duty Location blank**

INTERNAL APPLICANTS:

1. Memorandum of Consideration stating in your words why you should be hired for the position
2. Three previous Counterdrug evaluations (Unit evaluations will be accepted if you do not have all three). If you do not have any evaluations, submit a memorandum stating the reason.
3. Military Biographical Summary
4. Letters of Recommendation
5. ERB/ORB

Counterdrug documents are linked to the HR website https://tmd.texas.gov/tmd-jobs

NOTE: Information not mentioned above may be included and is encouraged in order to assist in the determination and verification of skills and experience, i.e., course certificates, college transcripts, DD Form 214, etc. Additional information should convey skills/experience and clearly reflect your potential.

All application criteria must be provided
Only complete application packets will be considered
Incomplete packets will not be considered

WHERE TO MAIL APPLICATION:

Mail to:

Counterdrug Task Force
P.O. Box 5218
ATTN: J1 HR NCO
(Bldg. 41/ Room 202)
Austin, TX 78763-5218

If you choose to use FedEx/UPS/ or another courier, use this address:

Counterdrug Task Force
ATTN: J1 HR NCO
2200 W. 35th Street
Camp Mabry- (Bldg. 41/Room 202)
Austin, TX 78703-1222.

WHERE TO EMAIL APPLICATION:
ng.tx.txarng.list.cd-jobs@mail.mil

Applications must be received NLT 1500hrs on the closing date.

POC for submission is SSG Salinas (512) 782-6922. We can also be contacted by email at ng.tx.txarng.list.cd-jobs@mail.mil.

CONSIDERATION: All applicants will receive consideration for this position without regard to race, religion, color, national origin, sex, age, political affiliation or other non-merit factors.

NOTE: IAW JCDTF SOP, vacancies will be offered to applicants based on their placement on the order of merit list (OML). **PCS IS NOT authorized**. **Prior to orders start date Service Member MUST reside at a HOR within 50 miles of the duty location.**

WHO MAY APPLY: Applications will be accepted from current Texas Military Department service members who meet the criteria listed in this announcement.

DUTIES AND RESPONSIBILITES: A brief description of duties includes, but is not limited to the following:

Liaison Officer: Supporting JCDTF, JTF-N Leadership and the JTF-N RSTs. Research, analyze, and recommend emerging strategies and programs to leverage existing JCDTF mission capabilities and activities in support of the assigned AOR. Selectee will advise JTF-N and the NG-J32 JTF-N LNO on aspects of the JCDTF capability to support Law Enforcement Agencies. Selectee will assist the JCDTF J3 in all JTF-N Support Requests. Knowledge and experience in NGB joint plans, operations, training, and logistics in a multi-service, multi-agency, military and civilian environment. The incumbent must be able to work independently, assimilate and analyze information, and make judgments and recommendations congruent with Department of Defense, NGB-J3-CD and JCDTF guidance and policy.

REQUIRED POSITION QUALIFICATIONS:

1. Must currently hold a minimum of a **Secret clearance**
2. Must not be under any current Suspension of Favorable Personnel Actions (FLAGS)

SELECTIVE PLACEMENT FACTORS:

1. Must have minimum 3 year retainability with TMD traditional/M-Day unit of assignment
2. Must be qualified for initial entry into or continued service in the Joint Task Force Counterdrug Program IAW NGR 500-2/ANGI 10-801, to include: being deployable asset; have Unit Commander's recommendation for initial or continued service in the Counterdrug Program; not have any unfavorable actions of any kind; no record of moral turpitude or convictions of any kind; meet the medical standards IAW applicable Army or Air Force Regulations; and maintain physical fitness standards IAW applicable Army or Air Force Regulations
3. Urinalysis testing upon entry on active duty and periodic testing while on active duty.
4. SMs are required to attend IDT/UTA and AT while on Counterdrug orders
5. Status of Counterdrug funding changes from year to year
6. Criminal records checks will be accomplished by Counterdrug and Law Enforcement Agencies (LEAs). Applicants will be informed that such inquiries will be completed after entry on duty and that rejection by LEAs will result in the removal from the Counterdrug program
7. Must have current Periodic Health Assessment (PHA) with the last 12 months
8. Must have HIV test within 2 years of projected start date
9. Must not be on a temporary profile
10. Standards of Conduct:
    a. Members are required to uphold the highest standards of conduct and personal appearance. Outside employment, association and off-duty conduct/activities must be consistent with federal directives on ethics and with state and federal conflict of interest policies
    b. National Guard members participating in the Counterdrug Support Program are required to comply with state laws and with DOD 5500.7-R., they are required to uphold the highest standards of conduct and personal appearance
11. **Prior to orders start date Service Member MUST reside at a HOR within 50 miles of the duty location. PCS IS NOT authorized**
12. In-processing will be at Camp Mabry and will cover all train-up and administrative requirements
13. This is a temporary staff position. Continuation of Counterdrug tour through FY18 is dependent on program funding and requirement for position.
14. FEMALES ONLY: You will be required to submit a pregnancy test completed no more than 15 days prior to the orders start date. Pregnant service members will not be placed on Counterdrug orders
15. Must have minimum 3 year retainability with TMD traditional/M-Day unit of assignment
16. Must have less than 15 years Total Active Federal Services (TAFS)
17. Cannot have more than 3 years Consecutive Active Federal Service (CAFS). Members with over 3 years of CAFS must take a 31 day break in orders prior to receiving CD orders

NOTE: APPEARANCE BOARD MAY BE REQUIRED FOR THIS POSITION

NOTE: ALL SUPPORTING DOCUMENTATION MUST BE ADDED TO THE APPLICATION PACKET FOR ANY ITEM NOT LISTED ON THE ERB/ORB or RIP SHEET FOR CONSIDERATION BY THE SELECTION BOARD

NOTE: ALL COLLEGE CREDIT, (I.E., SEMESTER HOURS, DEGREE) MUST BE ANNOTATED ON ERB/ORB, RIP SHEET OR OTHER VERIFICATION TO COUNT FOR BOARD POINTS. IF NOT, TRANSCRIPTS AND/OR DIPLOMA MUST BE INCLUDED IN APPLICATION PACKET (unofficial transcripts will be accepted)

NOTE: APPLICANTS MUST SUBMIT A MEMORANDUM FOR RECORD TO THE PRESIDENT OF THE BOARD IN PLACE OF ANY REQUIRED DOCUMENT ON THE APPLICANT CHECKLIST STATING THE REASON FOR OMISSION

NOTE: ALL LAW ENFORCEMENT TRAINING MUST BE DOCUMENTED WITH CERTIFICATES OF COMPLETION AND NUMBER OF COURSE HOURS

NOTE: THE JCDTF IS A STATEWIDE PROGRAM AND TASK FORCE MEMBERS ARE SUBJECT TO PCS REQUIREMENTS BASED ON THE NEEDS OF THE PROGRAM. RECOMMENDED INDIVIDUAL(S) WILL NOT MAKE PLANS TO MOVE TO NEW ASSIGNMENT UNTIL FORMALLY NOTIFIED BY THE JCDTF THAT BOARD RECOMMENDATION HAS BEEN APPROVED AND PCS FUNDS (IF APPLICABLE) ARE AVAILABLE AND HAVE BEEN OBLIGATED.

NOTE: IF APPLICABLE, ADVANCEMENT TO THE NEXT HIGHER GRADE IS NOT AUTOMATIC. SELECTED APPLICANT(S) WILL NOT ACCEPT OR BE PROMOTED TO THE NEXT HIGHER GRADE WITHOUT PRIOR APPROVAL FROM JCDTF

Applicant Checklist

PLEASE PROVIDE A MEMORANDUM FOR ALL DOCUMENTS NOT INCLUDED

Name **Job Announcement #:**

	INTERNAL APPLICANTS (CURRENT COUNTERDRUG MEMBERS ONLY)	Initials	MEMO
INTERNAL APPLICANTS	Memorandum for Consideration		
	ERB/ORB (Army) or RIP (Air)		
	Last 3 Counterdrug or unit evaluations or letters of recommendation (optional)		
	Last two current and passing Physical Fitness Tests (Army include Ht/Wt memo)		
	Military Biographical Summary		
	Supporting documents- transcripts (unofficial) and certificates for all schools/training (military and civilian)		

	EXTERNAL APPLICANTS	Initials	MEMO
EXTERNAL APPLICANTS	JCDTF Application for Employment		
	Memorandum for Consideration		
	ERB/ORB (Army) or RIP (Air)		
	Last 3 Counterdrug or unit evaluations or letters of recommendation (optional)		
	Last two current and passing Physical Fitness Tests (Army include Ht/Wt memo)		
	Military Biographical Summary		
	Security Clearance memorandum from your unit/wing security manager		
	Commanders Letter **(Signature required by Medical and Commander)**		
	Form DD 369 (Police Records Check) **(fill out blocks 1-9 and sign block 11)**		
	Unique Requirements		
	Indvidual Medical Readiness (IMR) - MEDPROS (Army) ASIMS IMR (Air)		
	RPAM (Army) PCARS (Air)		
	Personal Data Card		
	DA 5960 (Army Only)		
	Temp Memorandum for Understanding		
	Supporting documents- transcripts (unofficial) and certificates for all schools/training (military and civilian)		

IAW PPOM #16-020, TX JCDTF cannot bring you on orders under the following conditions:
***if you are on a temporary profile**
*** Females: if you are currently pregnant**

	Yes	No
Are you currently deployed? If so, what is your projected return date?		
Is your unit projected to deploy?		

I UNDERSTAND THAT BY SIGNING BELOW, I CERTIFY THAT ALL REQUIRED DOCUMENTS ARE INCLUDED IN THIS APPLICATION PACKET AND THAT ALL DOCUMENTS HAVE REQUIRED SIGNATURES.

Applicant Signature DATE

CD J1 Signature DATE

APPLICATION FOR JOINT COUNTERDRUG TASK FORCE (JCDTF) POSITION

DATA REQUIRED BY THE PRIVACY ACT OF 1974

1. Authority: 10 usc 3012 AND 8012, Executive Order 9397, NGR 500-2/NGR 55-6/ANGI 10-108.
2. Principal Purpose: To provide information for use in determining eligibility/qualifications for JCDTF positions.
3. Routine Uses: None.
4. Disclosure: Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you seek. The SSN is used as an identifier throughout your military career from the application through retirement. Where the employee identification number is your SSN, collection of this information is authori2ed by Executive Order 8597. The information gathered through the use of the SSN will be used only as necessary in personnel administration.
5. Effect on individuals not providing information: Individuals not providing information will not receive an appropriate evaluation for assignment or reassignment and cannot be given consideration for vacancies.
6. When completing the Education and Employment Sections of this application, please list in reverse chronological order (most current first).

RESPONSE TO POSITION ANNOUNCEMENT #: CD-		POSITION TITLE:	
NAME: (Last, First, Full Middle)		SSN:	DATE OF BIRTH: / PLACE OF BIRTH:
CURRENT STREET ADDRESS:		CITY/STATE & ZIP CODE:	HOME PHONE: / OFFICE PHONE:
SECURITY CLEARANCE:	GRADE/BRANCH:	SSI/MOS/AFSC:	DATE OF FED RECOG:(Officer)
DATE OF ENLISTMENT: (Enlisted)	ROPMA/MSD ELIMINATION DATE:(*Off*); ETS (*Enl*); MRD(*WO*)		
AKO EMAIL:		PERSONAL EMAIL:	

SECTION I - EDUCATION AND SPECIAL QUALIFICATIONS

1. COLLEGE OR UNIVERSITY:(Official Transcripts only)

NAME & LOCATION OF COLLEGE ATTENDED:	DATES ATTENDED		NO. CREDIT HOURS		TYPE OF DEGREE
	FROM	TO	SEMESTER	QUARTER	

NAME & LOCATION OF SCHOOL	TYPE OF COURSE	NO. HOURS PER WEEK	FROM	TO

3. SKILLS AND QUALIFICATIONS: (Also list any licenses or certificates held).

SECTION II - EMPLOYMENT HISTORY

May inquiry be made of your present employer regarding your character, qualification, and record of employment? (A 'No answer will not affect your consideration for employment). CIRCLE ONE: YES ☐ NO ☐

1. NAME AND ADDRESS OF EMPLOYER:	DATES EMPLOYED		AVERAGE HRS. PER WEEK
	FROM	TO	
TITLE OF POSITION:	IMMEDIATE SUPERVISOR **&** PHONE NUMBER:		NO. OF EMPLOYEES YOU SUPERVISED:
TYPE OF BUSINESS:	YOUR REASON FOR LEAVING:		

DESCRIPTION OF WORK: *(Describe your specific responsibilities and accomplishments)*

OTHER EMPLOYMENT

1. NAME AND ADDRESS OF EMPLOYER:	DATES EMPLOYED		AVERAGE HRS. PER WEEK
	FROM	TO	
TITLE OF POSITION:	IMMEDIATE SUPERVISOR **&** PHONE NUMBER:		NO. OF EMPLOYEES YOU SUPERVISED:
TYPE OF BUSINESS:	YOUR REASON FOR LEAVING:		

DESCRIPTION OF WORK: *(Describe your specific responsibilities and accomplishments)*

SECTION III - MILITARY HISTORY

1. MILITARY SERVICE: (Start with most recent service and show changes in grade and duty in reverse chronological order).

FROM	TO	AC	ANG/ARNG	RC	GRADE	ORGANIZATION	DUTY

2. MILITARY TRAINING: (Formal military school training completed)

FORMAL MILITARY SCHOOL TRAINING COMPLETED

COURSE TITLE AND NUMBER	DURATION OF COURSE		CORRESPONDENCE COURSES	
	WEEK	DAYS	COURSE/SUBCOURSE TITLE	COURSE HOURS

3. MILITARY: *(List any primary MOS/SSI/AFSC which has been awarded on orders).*

MOS/SSl/AFSC	DATE AWARDED	INDICATE HOW QUALIFICATIONS WERE OBTAINED *(Service School, On-the-Job Training, Civilian Experience, crc)*

4. INDICATE ANY OJT WHICH IS QUALIFYING FOR A MOS/SSl/AFSC WHICH HAS NOT YET BEEN AWARDED ON ORDERS.

DUTY MOS/SSI/AFSC	EXACT TITLE OF POSITION	FROM	TO

SECTION IV - PERSONAL BACKGROUND QUESTIONNAIRE

YES	NO	***(All Applicants Must Complete) Attach a separate sheet fully explaining any "YES" Answers (except 14).***
☐	☐	1. Within the last five years, have you been fired for any reason?
☐	☐	2. Within the last five years have you quit a job after being notified that you would be fired?
☐	☐	3. Have you ever been convicted, forfeited collateral, or now under charges for any felony or firearms or explosives offense against the law?
☐	☐	4. Have you been arrested or charged with any criminal offense, even if the charges were later dropped? (List all Class A and B misdemeanors and Felony's)
☐	☐	5. During the past seven years, have you been convicted, imprisoned, on probation or parole, or forfeited collateral, or are you now under charges for any offense against the law not included in Question 3?
☐	☐	6. While in the military, have you ever been convicted by a General Court Martial?
☐	☐	7. Have you ever been denied a Government Travel Card?
☐	☐	8. Do you receive or are you entitled to receive federal, military retired or retainer pay, service annuities, or other compensation based upon military, federal, civilian service, or eligible for immediate federal civil service?
☐	☐	9. Have you ever been removed from military service due to unsuitability?
☐	☐	10. Are you currently serving in an AGR or Technician status?
☐	☐	11. Are you presently flagged for weight, PT failures or any other suspension of favorable actions?
☐	☐	12. Have you been involuntarily removed from unit (Selected Reserve) service based on maximum years of service, qualitative retention or selective retention board action?
☐	☐	13. Have you been involuntarily removed from unit (Selected Reserve) service for cause or been relieved for cause from any duty assignment, including but not limited to relief from command in the past year?
☐	☐	14. Will you be able to complete a minimum of 3 years of continuous JCDTF service prior to completing 18 years of Total Active Federal Service, your Mandatory Removal Date (MRD), or Age 60?

SECTION V - CERTIFICATIONS AND AUTHORITY FOR RELEASE INFORMATION

I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation. I consent to the release of information concerning my capacity and fitness by employer, educational institution, law enforcement agencies, and other individuals and agencies to Personnel Specialist for purpose of employment. I also understand that a false answer to any question in this application may be grounds for not being employed, or for being released after I begin work.

I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.	SIGNATURE:	DATE:

Texas Military Forces Joint Counterdrug Task Force

Commander's Letter of Recommendation Checklist (IAW NGR 500-2/ANGI 10-801 Chp 8, par 8-11b)

1. Name (Last, First Middle)	2. Grade / Rank	3. Last 4	4. Gender
			☐ Male ☐ 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
			☐ ARNG ☐ ANG

Required Medical Information

1. Attach the medical review, (MEDPROS / SF 507) dated ___/___/____

* Is the SM qualified for world-wide duty and is the SM a deployable asset?

☐ Yes ☐ No – Then attach current profile. (DA 3349 (ARNG) or AF Form 422 (ANG))

Printed name and rank of medical or command staff	Signature	Date

All Items Below Are To Be Filled Out By The Unit Commander

1. Current status: Check all that apply

☐ M Day / Traditional	☐ Title 10	☐ AGR
☐ FTNGD-CD	☐ Technician	☐ 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 SM is subject to the Adjutant General's policy for Counterdrug personnel management (PO3-25, 6 FEB 04), which will likely affect the SM's full time employment. initial _____

3. Has the SM passed a 'For Record' physical fitness test in the last 12 months? * Attach current PT test and DA Form 5500/5501			☐ Yes ☐ No*
Date of Last Physical Fitness Test		**Score** of Last Physical Fitness Test **(Pass/Fail)**	
4. Is the SM within height and weight standards?			☐ Yes ☐ No*
5. Has the SM been the subject of disciplinary action under the TCMJ during the last 12 months or is the SM pending disciplinary action under the TCMJ?			☐ Yes* ☐ No
6. Has the SM ever misused the government travel credit card?			☐ Yes* ☐ 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 JCDTF?			☐ Yes ☐ 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

PRIVACY ACT STATEMENT

AUTHORITY: USC 5 552, 10 USC 655, 1475, 1480, and E.O. 9397

PRINCIPAL PURPOSE: Used to determine eligibility of employment of service members within the Taskforce.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to get Unit Commander's approval could result in removal from the Taskforce.

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)*

2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias)	3. SEX	4. PLACE OF BIRTH		
	☐ MALE ☐ FEMALE	a. CITY	b. COUNTY	c. STATE

5. DATE OF BIRTH (YYYYMMDD)	6.a. ETHNIC CATEGORY	b. RACIAL CATEGORY (X one or more)		7. SOCIAL SECURITY NUMBER
	☐ (1) HISPANIC OR LATINO ☐ (2) NOT HISPANIC OR LATINO	☐ (1) AMERICAN INDIAN/ALASKA NATIVE ☐ (2) ASIAN ☐ (3) BLACK OR AFRICAN AMERICAN	☐ (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ (5) WHITE	

8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block)				9. DATES RESIDED AT THIS ADDRESS	
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.

11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.	SIGNATURE

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.

14. DATE (YYYYMMDD)	15. TITLE	16. VERIFIED BY (Signature)

LAW ENFORCEMENT AGENCY MAIL TO:	RECRUITING AGENCY MAIL FROM:

IMPORTANT INFORMATION FOR APPLICANTS

I. UNIQUE COUNTER DRUG PROGRAM REQUIREMENTS (IAW NGR 500-2/ANGI 10-801)

(1) Drug testing (urinalysis) prior to entry on active duty, and periodic testing while on active duty. These requirements are in addition to testing by units of assignment during IDT/IAD under ADAPCP or the ANG Drug Abuse Testing Program.

(2) Requirement to continue attendance at IDT/IAD and AT while on FTNGDCD.

(3) Status of funding from year to year.

(4) Probability of criminal records checks, and/or security screening by LEAs of applicants serving in LEA offices or in positions where they are privy to operational information of LEAs. Applicants will be informed that such inquiries are likely to be completed after entry on duty and that rejection by LEAs could result in their removal from the Counter drug program.

(5) Standards of Conduct.

(a) Members are required to uphold the highest standards of conduct and personal appearance. Outside employment, associations and off-duty conduct/activities must be consistent with federal directives on ethics and with state and federal conflict of interest policies.

(b) National Guard members participating in the Counter drug Support Program are required to comply with state laws and with DOD 5500.7-R. They are required to uphold the highest standards of conduct and personal appearance.

(c) Outside employment, associations and off-duty conduct/activities must be consistent with federal directives on ethics and with state and federal conflict of interest policies. Outside employment will require written approval from the Counterdrug Commander.

(6) *Weapons and Law Enforcement Commissions:* Law Enforcement Commissions must be entered into a Leave of Absence in order to be employed with the Counter drug Task Force. Counter drug members can not perform any law enforcement duties or represent themselves as a law enforcement officer or agent. Counter drug members may not carry a weapon in the performance of counter drug duties.

II. Conditions and Prerequisites
(For duty of 30 or fewer consecutive days)

a. Applicant must be eligible for FTNGDCD in accordance with normal ARNG or ANG requirements.

b. Applicant must be recommended by unit commander.

c. Applicant must have a current Report of Physical Examination (SF 88) in accordance with AR 40-501 on file in health records and must complete a DA Form 7349-R (Initial Medical Review/Annual Medical Certificate) (ARNG applicants) or AF Form 507 (Annual Medical Certificate) (ANG applicants). DA Form 7349-R may be found in AR 40-501, Reproducible Forms section.

d. DA Form 7349-R/AF Form 507 and health records (including SF 88, medical histories and cardiovascular risk screening reports, if any) will be screened to ensure there are no permanent or temporary medical profiles or health conditions which indicate inability to perform the required duties satisfactorily or indicate the duty might be hazardous to the individual's health or well-being.

e. Applicant will undergo drug testing upon entry to Counter drug duty.

(For duty of 31 or more consecutive days)

a. Meet all requirements of 30 or fewer consecutive days.

b. Favorable interview by CDC or representative.

c. Favorable Entrance National Agency Check/ National Agency Check (ENTNAC/NAC) within past 15 years (security clearance is not required).

d. Favorable investigation/security check by LEA (if required by the specific LEA concerned).

e. Favorable drug testing upon entry on active duty.

f. Personnel entering FTNGD-CD must meet the medical standards set forth in AR 40-501, Chapter 3 or AFI 48-123, Attachment 2. This requirement can be met for soldiers with a current (within the last 60 days) Annual Medical Certificate reviewed by the State Surgeon, or Physician/Physician Assistant/Nurse Practitioner designee and a letter signed by the State Surgeon stating that the individual's retention physical meets the standards of AR 40-501, Chapter 2. If the soldier's condition warrants a 3 or 4 designation on any of the PULHES profiles, the soldier must appear before the State Medical Retention Board and be found to be deployable and meet the retention standards of AR 40-501, Chapter 3, prior to FTNGD-CD duty. **(All States Log #P01-0019)**

g. Army National Guard personnel must meet the HIV testing requirements of AR 600-110 (Identification, Surveillance and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV)).

h. Air National Guard members must have a periodic medical examination within 24 months prior to entry and a current HIV test within 180 days prior to entry. ANG members age 40 or older must have an exercise tolerance treadmill test if the Cardiac Risk Index (CRI) is 10,000

III. Completing Your Application Packet

a. All items on the Application Packet Checklist must be provided.
b. All items requiring signatures must be signed.
c. Only complete packets will be considered. **INCOMPLETE PACKETS WILL BE RETURNED WITHOUT FURTHER ACTION.**
d. Additional information not included on the job announcement is encouraged in order to assist in determination and verification of skills and experience. *Your entire application should convey your skills and experience, and clearly reflect your potential.*
e. You must indicate on your application the job vacancy announcement number.
f. Read the requirements for the job vacancy to ensure you qualify for a position.

All Application Criteria must be provided. Only complete application packets will be considered.

WHERE TO FORWARD APPLICATION: Mail to JFTX-LES-CD, ATTN: CD1 HR NCOIC, (Bldg 41/Rm 202), PO Box 5218, Austin, TX 78763-5218. Overnight to: 2200 W 35th ST, Austin, TX 78703-1222. **Applications must be received NLT 1500 hrs on the closing date.** POC for submission is SSG Salinas, TX Counterdrug Program, (512) 782-6921.

PRINTED NAME_____

SIGNATURE _____

PERSONAL DATA CARD

REGION _____

POSITION _____

LAST _____ FIRST _____ MIDDLE _____

SSN _____ RANK _____ DOR _____

RACE/ETHNICITY _____ SEX _____ BRANCH _____

PEBD _____ ETS _____ CLEARANCE _____

MOS/AFSC _____ MOS/AFSC TITLE _____

OF DEPENDANTS _____ MARITAL STATUS _____ DOB _____

Army MACOM ☐ JFTX-HQ ☐ 36TH ID ☐ 71ST TC (Check one) Army UNIT _____

Co. Bn. City Zip Code

OR

Air WING ☐ 136TH AW ☐ 147TH FW ☐ 149TH FW Air UNIT _____

Squadron City Zip Code

HOME ADDRESS _____ HOME PHONE _____

_____ WORK PHONE _____

CITY _____ STATE _____ ZIP _____ CELL PHONE _____

WORK EMAIL _____

PERSONAL EMAIL _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

HOME ADDRESS _____ HOME PHONE _____

_____ WORK PHONE _____

CITY _____ STATE _____ ZIP _____ CELL PHONE _____

Is your Counter Drug duty station more than 75 miles from your M-Day drill unit? _____

What is/was your first day entering the Counter Drug Program? _____

If you were PCS'd to accept your CD position, what was your official home of record? _____ Address

_____

_____

City ST ZIP

TEXAS
JOINT COUNTERDRUG TASK FORCE
ESTABLISHED 1989

_____

Signature Date

_____

Signature Date

_____

Signature Date

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS *(BAQ)*, AND/OR VARIABLE HOUSING ALLOWANCE *(VHA)*

For use of this form, see AR 37-104-4; the proponent agency is ASA (FM)

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397.

PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters *(BAQ)* and/or variable housing allowance *(VHA)*.

ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.

DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.

1. NAME *(Last, First, MI)*

2. SOCIAL SECURITY NUMBER

3. GRADE

4. TYPE OF ACTION

☐	START	☐	CANCEL	☐	CHANGE	☐	REPORT
☐	CORRECT	☐	STOP	☐	RECERTIFICATION		

5. DUTY LOCATION *(Include Station, Name, City, State, and Zip Code)*

6. DATE/ACTION *(YYYYMMDD)*

7. BAQ TYPE

☐	WITH DEPENDENTS	☐	PARTIAL
☐	WITHOUT DEPENDENTS		

8. MARITAL/DEPENDENCY STATUS

☐	a. SINGLE	☐	b. MARRIED *(see blocks (1), (2) & (3))*	☐	c. DIVORCED *(see blocks (1), (2) & (3))*
☐	d. LEGALLY SEPARATED *(see blocks (1), (2) & (3))*	☐	e. DEPENDENT CHILD *(see blocks (4), (5) & (6))*		

(1) Spouse/Former Spouse SSN	(2) Spouse/Former Spouse Duty Station	(3) Date of Marriage, Divorce/Separation

(4) Child in Custody of: ☐ Member ☐ Spouse ☐ Former Spouse ☐ Other

(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.

(6) If child support received from another military member, complete (1), (2) & (3).

9. QUARTERS ASSIGNMENT/AVAILABILITY

☐	a. ADEQUATE *(see block (1))*	☐	b. INADEQUATE *(see blocks (1), (2) & (4))*
☐	c. TRANSIENT *(see block (3))*	☐	d. NOT AVAILABLE

(1) QUARTERS NO.	(2) FAIR RENTAL VALUE $

(3) FROM: TO:

(4) ☐ MEMBER ELECTION *(Member in grade E7 and above)* ☐ COMMANDER DETERMINATION *(Attached)*

10. DEPENDENTS/SHARERS *(Continue on back if required)*

NAME OF DEPENDENT/SHARER	COMPLETE CURRENT ADDRESS *(Include ZIP Code)*	RELATIONSHIP	DOB OF CHILDREN

11. CERTIFICATION OF DEPENDENT SUPPORT

☐ I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.

☐ IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period

12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON

☐ My permanent duty station: ☐ My dependent's location: ☐ Both my permanent duty station and dependent's location.

a. Monthly Expenses:	Member	Dependent
(1) Mortgage *(PITI)* or Rent		
(2) Insurance		
(3) Other		
TOTALS		

b. Sharer/Lease Information

(1) Rental/Residential Address:

(2) Effective Date: (3) Expiration Date:

(4) Number of Sharers *(show name(s) and address in block 10.)*

c. Address Information

(1) Landlord's Name and Address:

(2) Landlord's Phone No.

I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement.
IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of $10,000 or imprisonment for 5 years, or both.

13. MEMBER'S SIGNATURE	14. DATE	15. CERTIFYING OFFICER'S SIGNATURE	16. DATE

TEXAS MILITARY DEPARTMENT
DOMESTIC OPERATIONS TASK FORCE
POST OFFICE BOX 5218
AUSTIN, TX 78763-5218
(512) 782-5001

REPLY TO
ATTENTION OF

MEMORANDUM OF UNDERSTANDING

BETWEEN
THE TEXAS MILITARY FORCES JOINT COUNTERDRUG TASK FORCE
AND
ARMY / AIR NATIONAL GUARD MEMBERS VOLUNTARILY ACTIVATED FOR
FULL-TIME NATIONAL GUARD DUTY FOR COUNTERDRUG (T32 USC)

SUBJECT: Temporary Tour of Duty for Counterdrug

1. The on going mobilization of both Army and Air National Guard members of the Texas Military Forces (TMF) Joint Counterdrug Task Force (JCDTF) has limited the amount of support that the Texas JCDTF is able to provide to law enforcement agencies (LEAs) and community based organizations (CBOs) throughout the state. In order to support fielded members of the Texas JCDTF, LEAs and CBOs, this organization has authorized and created temporary tours to fill certain JCDTF positions as overseen by NGTX-AGR.

2 This memorandum serves as an understanding and mutual agreement between all Army and Air National Guard members volunteering for a temporary Full-Time National Guard Duty for Counterdrug (FTNGDCD) tour.

3. Within the temporary time period, selected applicants will not be considered for other assignments and are subject to release for cause as well as for budgetary constraints. Furthermore, personnel on temporary tours who are deployed on Title 10 orders are not guaranteed rights of return and must reapply for any JCDTF positions that might be available at that time.

4. Personnel on temporary tours are not authorized to apply for internally advertised positions on the JCDTF. However, members on temporary tours will be given the opportunity and encouraged to apply for permanent FTNGDCD positions externally advertised by the NGTX-JCD-HZ.

Miguel A. Torres

MIGUEL, A. TORRES
LTC, FA, TXARNG
Commander, Joint Counterdrug Task Force

_____
Signature/Date

_____
Printed Name