

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

CD ANNOUNCEMENT #: CD 18-031

OPEN TO: All Texas Army National Guard and Air National Guard

OPEN DATE: 23 January 2018

CLOSING DATE: 6 February 2018

PROJECTED START DATE: TBD

POSITION TITLE: Contingent Criminal Analyst (MOS/AFSC Immaterial)

WORK LOCATION: Laredo, Texas

Prior to orders start date Service Member's HOR MUST be within 50 miles of the duty location and ensure zip code reflects in SIDPERS or MILPDS.

RANK:

E-Grade Limitation: Multiple positions- Not to Exceed E-6

O-Grade Limitation: Not authorized to apply

W-Grade Limitation: Not authorized to apply

BRANCH: Texas Army or Air National Guard

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.

SPECIAL SELECTION FACTORS:

1. Must have a minimum 1 year retainability with TMD/M-Day unit of assignment.
2. A diagnostic physical fitness must be passed with the first week on orders.
3. Pregnancy test is required within 15 days prior to orders start date.
4. Cannot have more than 3 years Consecutive Active Federal Service (CAFS).
5. Must have less than 15 years Total Active Federal Service (TAFS).
6. PCS funding is not available.

HOW TO APPLY: Application packets may be mailed or emailed. Applications must arrive no later than 1600 central time on the closeout date of the job announcement. Emailed applications can be sent to the Counterdrug Jobs inbox at the following e-mail address: (ng.tx.txarng.list.cd-jobs@mail.mil) Applications must be complete upon initial submission in one single PDF package, and with the proper naming convention of Last Name, First Name Announcement number (i.e. Johnson, Snuffy CD 18-031). Applications can be mailed to the below address. Applications submitted in pieces will not be accepted and automatically disqualified. No binders or staples will be accepted.

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.

REQUIRED ITEMS (ALL APPLICANTS):

1. Counterdrug Applicant Checklist (Initial next to each item and sign/date)
2. Memorandum of Consideration stating in your words why you are the best person for the position
3. Enlisted Records Brief (ERB) (Army) / Report on Individual Personnel (RIP)(Air Force)
4. Three previous Counterdrug evaluations. If you do not have three Counterdrug evaluations, unit evaluations will be accepted. If you are missing any evaluations, submit a memorandum stating the reason.
5. Last two current Physical Fitness Tests and applicable DA 5500 (Army)
6. Air Force Fitness Management System (AFFMS) Printout (Air Force)
7. Military Biographical Summary in compliance with applicable branch
8. Supporting documents- transcripts and/or certificates for all schools/training (not reflected on ERB/ORB/RIP), letters of recommendation (optional)
9. Application for Joint Counterdrug Task Force Position
10. Security Clearance memorandum from your unit/wing security manager verifying your clearance. **NO JPAS PRINTOUTS WILL BE ACCEPTED**
11. Commander's Letter of Recommendation Checklist (Signed by both medical or command staff and the Commander)
12. DD Form 369, Police Record Check (Complete blocks one through nine and sign block eleven)
13. Signed Unique Counterdrug Program Requirements
14. ASIMS Individual Medical Readiness (Air) - MEDPROS Printout (Army)
15. RPAM (Army) / PCARS (Air)
16. Personal Data Card
17. Memorandum of Understanding

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

DUTIES AND RESPONSIBILITIES:

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

Criminal Analyst:

1. Provides detailed analytical support to specific case requests.
2. Creates analytical products and manages data for specific analytical requests from law enforcement to support drug investigations.
3. Analyzes large volumes of information from such sources as telephone tolls, pen registers,

investigator reports, field data, etc.

4. Performs link analysis, organizational analysis, pattern and trend analysis, financial analysis, etc., in support of federal and local drug investigations.
5. Manages analytical files, creates suspect files from investigator information, and manages and collates data to create products to support the investigation and prosecution of drug cases.

REQUIRED POSITION QUALIFICATIONS:

1. Must not be under any current Suspension of Favorable Personnel Actions (FLAGS)
2. Applicant must maintain appropriate level of physical readiness and pass the appropriate service fitness test IAW service regulations

PREFERRED POSITION QUALIFICATIONS:

1. Secret clearance
2. Familiar with current Counterdrug Policies and Procedures (NGR 500-2)
3. Intermediate to advanced level of experience and training in Microsoft Office, especially, PowerPoint, Word, and Excel
4. Must not be under a current Suspension of Favorable Personnel Actions (FLAGS).
5. Experience working with law enforcement agencies

SELECTIVE PLACEMENT FACTORS:

1. Prior to orders start date Service Member's HOR MUST be within 50 miles of the duty location and ensure zip code reflects in SIDPERS or MILPDS.
2. Must be qualified for initial entry into or continued service in the Joint Task Force Counterdrug Program IAW NGR 500-2, to include: being a 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. Inactive Duty Training (IDT/IAD) and Annual Training (AT) attendance is mandatory while on Counterdrug orders.
5. Status of Counterdrug funding changes from year to year. Selected TFM will be added to the durational roster and be subject to the possible "Reduction in Force (RIF)" process as all other TFMs assigned to the Task Force.
6. Criminal records checks will be accomplished by Counterdrug and Law Enforcement Agencies (LEAs). Such inquiries will be completed after entry on duty and rejection by LEAs will result in the removal from the Counterdrug program.
7. 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.

NOTE: PCS IS NOT AUTHORIZED

NOTE: ADDITIONAL ITEMS NOT MENTIONED ABOVE MAY BE INCLUDED AND ARE ENCOURAGED TO ASSIST IN THE DETERMINATION AND VERIFICATION OF SKILLS AND EXPERIENCE THAT CLEARLY REFLECT YOUR POTENTIAL.

NOTE: IAW JCDTF SOP, VACANCIES WILL BE OFFERED TO APPLICANTS BASED ON THEIR PLACEMENT ON THE ORDER OF MERIT LIST (OML).

NOTE: APPEARANCE BOARD MAY BE REQUIRED

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

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: 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 JCDF

Applicant Checklist

PLEASE PROVIDE A MEMORANDUM FOR ALL DOCUMENTS NOT INCLUDED

ALL APPLICANTS	Name:		
	Job Announcement #:		
	REQUIRED ITEMS FOR ALL APPLICANTS		Initials
	Memorandum for Consideration		
	Enlisted Records Brief (ERB)/Officer Records Brief (ORB) (Army) / Report on Individual Personnel (RIP)(Air Force)		
	Three previous Counterdrug evaluations. If you do not have three Counterdrug evaluations, unit evaluations will be accepted. (If you are missing any evaluations, submit a memorandum stating the reason.)		
	Last two recent Physical Fitness Tests and applicable DA 5500. One APFT MUST be dated within 6 months of hire per PPOM #16-020) (ARMY ONLY)		
	Air Force Fitness Management System (AFFMS) Printout (Air Force)		
	Military Biographical Summary in compliance with applicable branch		
	Supporting documents- transcripts and/or certificates for all schools/training (not reflected on ERB/ORB/RIP), letters of recommendation (optional)		
			Yes
Are you currently deployed? If so, what is your projected return date?		No	
Is your unit projected to deploy?			
Have you been on orders with the Texas Counterdrug Program previously? If yes, when.			
EXTERNAL APPLICANTS	ADDITIONAL ITEMS FOR EXTERNAL APPLICANTS		Initials
	Application for Joint Counterdrug Task Force Position		
	Security Clearance memorandum from your unit/wing security manager (No JPAS printouts will be accepted)		
	Commander's Letter of Recommendation Checklist (Signed by both medical or command staff and the Commander)		
	DD Form 369, Police Record Check (Complete blocks one through nine and sign block eleven)		
	Signed Unique Counterdrug Program Requirements		
	ASIMS Individual Medical Readiness (Air) - MEDPROS Printout (Army) (Provide memorandum if RED)		
	RPAM (Army) PCARS (Air)		
	Personal Data Card		
	Memorandum for Understanding		
	IAW PPOM #16-020, TX JCDDTF cannot bring you on orders under the following conditions: If you are on a temporary profile If you are currently pregnant		
	ALL APPLICANTS	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 authorized 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:
CURRENT STREET ADDRESS:		CITY/STATE & ZIP CODE:	PLACE OF BIRTH:
SECURITY CLEARANCE:	GRADE/BRANCH:	HOME PHONE:	OFFICE PHONE:
DATE OF ENLISTMENT: (Enlisted)		SSI/MOS/AFSC:	
ROPMA/MSD ELIMINATION DATE:(Off); ETS (Enl); MRD(WO)		DATE OF FED RECOG:(Officer)	
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 <input type="checkbox"/> NO <input type="checkbox"/>				
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: <i>(Describe your specific responsibilities and accomplishments)</i>				
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: <i>(Describe your specific responsibilities and accomplishments)</i>				

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/SSI/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/SSI/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 memorandum explaining any "YES" Answers (except 14).					
<input type="checkbox"/>	<input type="checkbox"/>	1. Within the last five years, have you been fired for any reason?					
<input type="checkbox"/>	<input type="checkbox"/>	2. Within the last five years, have you quit a job after being notified that you would be fired?					
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever been convicted, forfeited collateral, or now under charges for any felony or firearms or explosives offense against the law?					
<input type="checkbox"/>	<input type="checkbox"/>	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)					
<input type="checkbox"/>	<input type="checkbox"/>	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?					
<input type="checkbox"/>	<input type="checkbox"/>	6. While in the military, have you ever been convicted by a General Court Martial?					
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever been denied a Government Travel Card?					
<input type="checkbox"/>	<input type="checkbox"/>	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?					
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you ever been removed from military service due to unsuitability?					
<input type="checkbox"/>	<input type="checkbox"/>	10. Are you currently serving in an AGR or Technician status?					
<input type="checkbox"/>	<input type="checkbox"/>	11. Are you presently flagged for weight, PT failures or any other suspension of favorable actions?					
<input type="checkbox"/>	<input type="checkbox"/>	12. Have you been involuntarily removed from unit (Selected Reserve) service based on maximum years of service, qualitative retention or selective retention board action?					
<input type="checkbox"/>	<input type="checkbox"/>	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?					
<input type="checkbox"/>	<input type="checkbox"/>	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 Department 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	
				<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	
Required Medical Information					
1. Attach the medical review, (MEDPROS / asims imr) 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 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:					
<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 SM is subject to the Adjutant General's policy for Counterdrug personnel management (JFTX P07-12, 24JUL07), which will likely affect the SM's full time employment. Initials _____					
3. Has the SM passed a 'For Record' physical fitness test in the last 12 months?				<input type="checkbox"/> Yes	<input type="checkbox"/> No*
* Attach current PT test and DA Form 5500/5501					
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 TCMJ during the last 12 months or is the SM pending disciplinary action under the TCMJ?				<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 the SM currently flagged?				<input type="checkbox"/> Yes*	<input type="checkbox"/> No
8. Is this SM in good standing, participating in AT and drill, and do you recommend the SM for employment / re-employment with the JCDTF?				<input type="checkbox"/> Yes	<input type="checkbox"/> No*
9. 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 task force. ROUTINE
USES: None. DISCLOSURE: Voluntary; however, failure to get Unit Commander's approval could result in removal from the task force.

POLICE RECORD CHECK				1. DATE OF REQUEST (YYYYMMDD)		OMB No. 0704-0007 OMB approval expires Dec 31, 2017	
<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, 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.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.</p>							
SECTION I - (To be completed by Recruiting Service)							
2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias)				3. SEX		4. PLACE OF BIRTH	
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		a. CITY b. COUNTY c. STATE	
5. DATE OF BIRTH (YYYYMMDD)	6.a. ETHNIC CATEGORY		6.b. RACIAL CATEGORY (X one or more)			7. SOCIAL SECURITY NUMBER	
	<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	
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							
<p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>							
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? (If YES, what was the offense or charge, date, disposition and sentence?)						<input type="checkbox"/> YES <input type="checkbox"/> NO	
13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? (If YES, give details.)						<input type="checkbox"/> YES <input type="checkbox"/> 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:			
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>				<div style="border: 1px solid black; width: 100%; height: 100%;"></div>			

IMPORTANT INFORMATION FOR APPLICANTS

I. UNIQUE COUNTERDRUG 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 Counterdrug 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 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.

(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 Counterdrug Task Force. Counterdrug members can not perform any law enforcement duties or represent themselves as a law enforcement officer or agent. Counterdrug 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 Counterdrug 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 Joint Counterdrug Task Force, ATTN: J1 HR NCO, (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) 782-6922.

PRINTED NAME _____ DATE _____

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 |

Army UNIT | _____

OR (Check one)

Co. Bn. City Zip Code

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 | _____

MILITARY EMAIL | _____

PERSONAL EMAIL | _____

EMERGENCY CONTACT | _____

RELATIONSHIP | _____

HOME ADDRESS | _____

HOME PHONE | _____

| _____

WORK PHONE | _____

CITY | _____ STATE | _____ ZIP | _____

CELL PHONE | _____

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

What is/was your first day entering the Counterdrug program? | _____

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

Address

City ST ZIP

Signature

Date





REPLY TO
ATTENTION OF

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

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 (JCDDTF) has limited the amount of support that the Texas JCDDTF 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 JCDDTF, LEAs and CBOs, this organization has authorized and created temporary tours to fill certain JCDDTF 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 JCDDTF positions that might be available at that time.
4. Personnel on temporary tours are not authorized to apply for internally advertised positions on the JCDDTF. 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.

Signature/Date

Printed Name

A handwritten signature in black ink that reads "Miguel A. Torres".

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