TEXAS ARMY NATIONAL GUARD TITLE 32 ACTIVE GUARD RESERVE (AGR) VACANCY ANNOUNCEMENT

AGR Announcement



Texas Military Department Post Office Box 5218 Austin, TX 78763-5218

| Announcement # | AGR 25-134 |
|----------------|-------------------|
| Opening Date | 17 April 2025 |
| Closing Date | 17 May 2025 |

| Position Title: Asst S4 NCO | Location of Position: HHC 2-142 IN BN – PM5T0 |
|--------------------------------|--|
| MOS: | Lubbock, TX |
| 92Y3O | |
| Grade/Rank: | Open to: TXARNG SOLDIERS ONLY |
| E6 / SSG | MOS: 92Y preferred, any MOS may apply. |
| Minimum Grade to apply: E4 | If not MOS qualified, must meet the qualifications for MOS conversion. |
| Maximum Grade to apply: E6 | E6 not MOS qualified must take reduction to E5 IF SELECTED . |

REQUIRED DOCUMENTS TO BE SUBMITTED INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- 1. Cover Page AGR vacancy announcement with Personal Contact Information listed below.
- 2. <u>NGB Form 34-1 for Traditional Soldiers (M-Day, Tech must fill this out!)</u> Application for Active Guard/Reserve (AGR). AGR personnel must complete a memorandum of consideration in accordance with AR 25-50. Memorandum will not exceed 1 page in length.
- SELECTION BOARD copy of SRB Certified/Validated by Readiness NCO or Unit S-1. Line Scores must be included.
- 4. DD Form 214s Copy Member 4 or Service 2 (indicating SPD Code) or NGB Form 22.
- 5. <u>Copy of last five NCOERs</u> Submit a memorandum to the President of the Board explaining reason(s) for any missing NCOERs/unrated time. A letter of recommendation or performance evaluation will be submitted on Soldiers not yet due an evaluation.
- 6. Individual Medical Readiness (IMR) from MEDPROS -
 - -PHA and Dental (Class 1 or 2) must be within 1 YEAR of announcement OPENING DATE.
 - -HIV Testing must be within 2 YEARS of announcement OPENING DATE.
 - If applicable, include **PERMANENT PROFILE**. Soldiers must **NOT** be on a **TEMPORARY PROFILE**.
- 7. <u>Individual Training Record</u>- H/W and ACFT must be within 6 months of application date. ITR must include all H/W and ACFT data.
- 8. *DD Form 369 (Police Record Check) applicant must complete Sections I, II, leave #10 & section III blank (Block 11 must be CAC signed).
- Current NGB 23B RPAM (Must be able to complete 3-year initial tour prior to 18 years of Active Federal Service -AFS)
- 10. *TXARNG Title 32 AGR VA Disability Questionnaire Applicant must complete, sign and date.

| | Applicant Contact Information | | | | |
|--|---|--|--|--|--|
| RANK: PHONE: | | | | | |
| NAME: EMAIL: | | | | | |
| POINT OF | POINT OF CONTACT FOR APPLICATION PROCESS: | | | | |
| AGR Staffing Inbox | | | | | |
| ng.tx.txarng.mbx.agr-staffing@army.mil | | | | | |
| POINT OF CONTACT FOR BOARD & POSITION: | | | | | |
| 1SG Robb L. Miller | | | | | |

robb.l.miller.mil@armv.mil

CONSIDERATION FACTORS:

- All applications will receive consideration for this position without regard to race, religion, color, national origin, sex, age, political affiliation, or other non-merit factors.
- All applicants must be able to attend appearance board.
- A applicants require a background check prior to selection notification

AGR POSITION DESCRIPTION

ASST S4 NCO

| Coordinates supply activities. Reviews and annotates changes to unit material condition status report. |
|--|
| Posts transactions to organizational and installation property books supporting transactions files. |
| Determines method of obtaining relief from responsibility for lost, damaged, and destroyed supply items. |

In accordance with DA PAM 611-21; Non-MOS qualified applicants must meet the minimum line score requirements listed below prior to being considers for this vacancy announcement.

92Y - Aptitude area CL with score of 90

AGR QUALIFICATIONS

- 1. **TXARNG Enlisted** membership not to exceed application pay grade. Selected applicants in pay grade that exceeds authorized MTOE assignment on application will take a <u>voluntary reduction in grade prior to assignment</u>.
- 2. Must be qualified for initial entry into or continued service in the AGR Program IAW AR 135-18, NGR 600-5, AR 40-501, and be capable of performing the duties assigned and implied by grade, MOS and position as prescribed above.
- 3. Must be able to meet all military education and FTUS requirements in accordance with NGR 600-5, NGR 600-100, NGR 600-101, and current policies/directives.
- 4. Must attend and successfully complete the appropriate TXARNG and NGB mandated Full Time Unit Support (FTUS) Training Requirements within 12 months of assignment. Failure to do so may result in separation.
- 5. Must not have any unfavorable actions of any kind. Must not be flagged and must not have any temporary or permanent profile that would prevent successful completion of a retention/period physical.
- Must be a deployable asset.
- 7. Must attend all Inactive Duty for Training (IDT) and Annual Training (AT) periods and perform duties in the assigned duty MOS.
- 8. Must be able to complete a 3-year initial tour of active duty or FTNGD prior to 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.
- 9. Must be at least 18 years of age and not reached 55th birthday.
- 10. Must have completed Initial Entry Training (IET).
- 11. If PULHES numerical indicator of P3 or P4, then the requirements of AR 600-60 must be met prior to accessioning into the AGR program.

CONDITIONS OF EMPLOYMENT

- 1. **Current on-board Technician applicants** Full time technicians selected for an AGR position are responsible for submitting the Uniformed Services Employment and Reemployment Rights Act paperwork thru their fulltime chain of command to the Human Resource Office. In addition, technicians are responsible for ensuring their time and attendance is accurately documented to reflect the appropriate leave status. Failure to submit documentation may result in a debt to the technician.
- 2. **Current on-board AGR applicants** are ineligible to apply if within a stabilization period IAW TXARNG 600-5. IAW TXARNG PAM 600-5. Initial Hire AGR Soldiers will be stabilized for 24 Months from date of assignment.
- 3. Must possess and be able to maintain a SECRET Security Clearance for continuation in the AGR Program. Failure to maintain SECRET Security Clearance will result in separation from Title 32 AGR Program. Applicants will be disqualified for not having a SECRET clearance.
- 4. Must possess a valid state driver's license and be able to become qualified to operate vehicles organic to the
- 5. Soldiers who have filed for or are receiving Veterans Affairs (VA) disability benefits must pass an Active-Duty Physical conducted at Military Entrance Processing Station (MEPS) IAW AR 40-501 within 30 days of notification of Selection for AGR Positions.

PLEASE NOTE: ACCEPTANCE OF AN AGR POSITION MAY RESULT IN TERMINATION AND/OR REPAYMENT OF MILITARY INCENTIVES. PLEASE CHECK YOUR CONTRACT AND CONTACT YOUR SERVICING EDUCATION/INCENTIVES OFFICE OR THE RECRUITING/RETENTION OFFICE.

OPTIONAL DOCUMENTS THAT MAY BE SUBMITTED

- 1. Copy of any Certificate of Training that is not listed on ERB.
- 2. Copy of special skill certification or license that is pertinent to the position.
- 3. Recommendation letters from current or previous employers, commanders, organizations etc.
- 4. Federal Employee Performance Appraisals or civilian performance evaluation and/or incentive award certificate.
- 5. Counter Drug, Drug Interdiction, or Law Enforcement performance appraisal.
- 6. Formal explanation for any discrepancy listed in your official military records. Must be in memorandum format IAW AR 25-50, For the President of the Selection Board. Cannot be for a referred evaluation.

WHERE TO SUBMIT THE APPLICATION

(All applications must be submitted prior to the closing date)

*2 Methods for applying:

Preferred: EMAIL to: ng.tx.txarng.mbx.agr-staffing@army.mil

E-mail Subject Line should only contain Announcement # - Rank, Last Name, First Name

(Example: AGR 25-XXX – SGT Snuffy, Joe).

Please allow up to 5 business days following closure of announcement to receive EMAIL confirmation. Soldier(s) may contact AGR Staffing Section at any time to verify their application has been received and/or to correct any deficiencies prior to announcement closing date. (All documents scanned as ONE PDF document) (Hyperlinks and zip files will not be accepted)

Hand Delivered: Applications may be **hand delivered** by applicant or on behalf of applicant to the AGR Staffing office located on Camp Mabry BLDG 8, AGR Services, by 1600 hours. An email confirmation will be sent once application is received. **(No binders, staples, or tabs).**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

APPLICATION FOR ACTIVE GUARD/RESERVE (AGR) POSITION

The proponent agency is ARNG-HRH. The prescribing directive is NGR (AR) 600-5 / ANGI 36-101

| AUTHORITY: Title 3 USE 50(2), AR 13-18. NRC (AR) 5005, ANG 38-101. PRINCIPAL PURPOSE: To provide information for use in determining eligibility/qualifications for Active Guard/Reserver (AGR) positions. A copy will be provided to the applicant. The original will be maintained by the human resources office for state records. For origanizational use only. POSITION ANNOUNCEMENT #: POSITION TITLE: | | | | PRIVACY ACT | STATEMENT | | | | | |
|--|---------------------------------------|--------------------------|------------------|----------------------|----------------------|--------|-------------------|-------------|----------------|----------------------|
| NOME: Voluntary; however. If not provided you will not be considered for the AGR program. POSITION ANNOUNCEMENT #: POSITION TITLE: DATE OF BIRTH: (yyyymmdd)) CURRENT HOME ADDRESS: (Sireet, City; Siriet, Zip Code) HOME PHONE: OFFICE PHONE: (Enlisted) DATE OF ENLISTMENT: GRADE: MOSISSI/AFSC: ETS DATE: (Officer/WO) DATE OF FEDERAL RECOGNITION: GRADE: BRANCH: MRD DATE: SECURITY CLEARANCE: BRANCH: MRD DATE: SECURITY CLEARANCE: BRANCH: MRD DATE: SECURITY CLEARANCE: Date From Date To Degree Program Credit Hours Quarter/Semi. 1. COLLEGE OR UNIVERSITY: (Officer Applicants - Accredited Colleges only) Name, City & State Date From Date To Date To Course Title Hours Completed Chief Undergraduate Subject: Date From Date To Course Title Hours Completed 2. OTHER SCHOOLS OR TRAINING: (Vocational, Trade or Business) Name, City & State Date From Date To Course Title Hours Completed 3. SKILLS AND QUALIFICATIONS: Special skills and qualifications with office machines (Word Processing - WPM), wheel and track vehicles, etc. Also list any licenses certificates held (Ploic, Nurse) May we confact your present employer regarding your character, qualification, and record of employment? (A "NO" answer will not affect your consideration for employment; CHECK ONE: YES NO AMERICAN ONE YES | PRINCIPAL PURPOSE: To provide | e information for use i | n determining | eligibility/qualific | | | . , . | sitions. A | copy will be p | provided to the |
| POSITION ANNOUNCEMENT #: POSITION TITLE: CURRENT HOME (Last, First, Middle) CURRENT HOME ADDRESS: (Street, City, State, Zip Code) CEDITION ANNOUNCEMENT #: GRADE: MOSSSUAFSC: GFTGE PHONE: (Gridisted) DATE OF ENLISTMENT: GRADE: MOSSSUAFSC: GFTGE PHONE: (Gridisted) DATE OF FEDERAL RECOGNITION: GRADE: BRANCH: MRD DATE: SECURITY CLEARANCE: SECTION 1 - EDUCATION AND SPECIAL QUALIFICATIONS 1. COLLEGE OR UNIVERSITY: (Officer Applicants - Accredited Colleges anny) Name, City & State Date From Date To Degree Program Credit Hours Quarter/Sem Chief Undergradulate Subject: Gridisted Subject: Gridis | ROUTINE USES: None. | • | | | _ | al use | only. | | | |
| CURRENT HOME ADDRESS: (Street, City, State, Zip Code) HOME PHONE: OFFICE PHONE: OFF | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| CERIBISTAND DATE OF ENLISTMENT: GRADE: MOSISSIAFSC: ETS DATE: | NAME: (Last, First, Middle) | | | | | | | DATE OF | BIRTH: (yy | yymmdd)) |
| SECURITY CLEARANCE: SECTION I - EDUCATION AND SPECIAL QUALIFICATIONS | CURRENT HOME ADDRESS: (St | reet, City, State, Zip C | Code) | | | | | | | |
| SECTION I - EDUCATION AND SPECIAL QUALIFICATIONS 1. COLLEGE OR UNIVERSITY: (Officer Applicants - Accredited Colleges only) Name, City & State | (Enlisted) DATE OF ENLISTMEN | NT: | | GRADE: | MOS/SSI/A | AFSC: | | ETS DAT | E: | |
| SECTION I - EDUCATION AND SPECIAL QUALIFICATIONS 1. COLLEGE OR UNIVERSITY: (Officer Applicants - Accredited Colleges only) Name, City & State | (Officer/WO) DATE OF FEDERAL R | RECOGNITION: | | GRADE: | BRANC | H: | | MRD DA | TE: | |
| 1. COLLEGE OR UNIVERSITY: (Officer Applicants - Accredited Colleges only) Name, City & State Date From Date To Degree Program Credit Hours Counter/Sem Chief Undergraduate Subject: Chief Graduate Subject: 2. OTHER SCHOOLS OR TRAINING: (Vocational, Trade or Business) Name, City & State Date From Date To Course Title Hours Completed 3. SKILLS AND QUALIFICATIONS: Special skills and qualifications with office machines (Word Processing - WPM), wheel and track vehicles, etc. Also list any licenses certificates held (Pilot, Nurse). SECTION II - EMPLOYMENT HISTORY May we contact your present employer regarding your character, qualification, and record of employment? (A "NO" answer will not affect your consideration for employment.) 1. NAME AND ADDRESS OF EMPLOYER: DATES EMPLOYED AVERAGE HRS. PER WEEK FROM TO NUMBER OF EMPLOYEES YOU SUPERVISED: | SECURITY CLEARANCE: | | | | | | | | | |
| Name, City & State | | , | SECTION I - EI | DUCATION AND | SPECIAL QUALIFICA | TIONS | 3 | | | |
| Chief Undergraduate Subject: Chief Graduate Subject: 2. OTHER SCHOOLS OR TRAINING: (Vocational, Trade or Business) Name, City & State Date From Date To Course Title Hours Completed 3. SKILLS AND QUALIFICATIONS: Special skills and qualifications with office machines (Word Processing - WPM), wheel and track vehicles, etc. Also list any licenses certificates held (Pilot, Nurse). SECTION II - EMPLOYMENT HISTORY May we contact your present employer regarding your character, qualification, and record of employment? (A "NO" answer will not affect your consideration for employment.) 1. NAME AND ADDRESS OF EMPLOYER: DATES EMPLOYED FROM TO TITLE OF POSITION: IMMEDIATE SUPERVISOR & PHONE NUMBER: NUMBER OF EMPLOYEES YOU SUPERVISED: | 1. COLLEGE OR UNIVERSITY: (O | Officer Applicants - Ac | credited Colle | ges only) | | | | | | |
| Chief Graduate Subject: 2. OTHER SCHOOLS OR TRAINING: (Vocational, Trade or Business) Name, City & State | Name, City & State | | | Date From | Date To | | Degree Prog | ram | Credit Hour | s Quarter/Semester |
| Chief Graduate Subject: 2. OTHER SCHOOLS OR TRAINING: (Vocational, Trade or Business) Name, City & State | | | | | | | | | | |
| Chief Graduate Subject: 2. OTHER SCHOOLS OR TRAINING: (Vocational, Trade or Business) Name, City & State | Chief Undergraduate Subject: | | | | | | | | | |
| 2. OTHER SCHOOLS OR TRAINING: (Vocational, Trade or Business) Name, City & State Date From Date To Course Title Hours Completed 3. SKILLS AND QUALIFICATIONS: Special skills and qualifications with office machines (Word Processing - WPM), wheel and track vehicles, etc. Also list any licenses certificates held (Pilot, Nurse). SECTION II - EMPLOYMENT HISTORY May we contact your present employer regarding your character, qualification, and record of employment? (A "NO" answer will not affect your consideration for employment.) 1. NAME AND ADDRESS OF EMPLOYER: DATES EMPLOYED FROM TO TITLE OF POSITION: IMMEDIATE SUPERVISOR & PHONE NUMBER: NUMBER OF EMPLOYEES YOU SUPERVISED: | <u>-</u> | | | | | | | | | |
| 3. SKILLS AND QUALIFICATIONS: Special skills and qualifications with office machines (Word Processing - WPM), wheel and track vehicles, etc. Also list any licenses certificates held (Pilot, Nurse). SECTION II - EMPLOYMENT HISTORY | • | 3: (Vocational, Trac | de or Business |) | | | | | | |
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| SECTION II - EMPLOYMENT HISTORY May we contact your present employer regarding your character, qualification, and record of employment? (A "NO" answer will not affect your consideration for employment.) 1. NAME AND ADDRESS OF EMPLOYER: DATES EMPLOYED AVERAGE HRS. PER WEEK FROM TO TITLE OF POSITION: IMMEDIATE SUPERVISOR & PHONE NUMBER: NUMBER OF EMPLOYEES YOU SUPERVISED: | | | | | | | | | | |
| SECTION II - EMPLOYMENT HISTORY May we contact your present employer regarding your character, qualification, and record of employment? (A "NO" answer will not affect your consideration for employment.) 1. NAME AND ADDRESS OF EMPLOYER: DATES EMPLOYED AVERAGE HRS. PER WEEK FROM TO TITLE OF POSITION: IMMEDIATE SUPERVISOR & PHONE NUMBER: NUMBER OF EMPLOYEES YOU SUPERVISED: | | | | | | | | | | |
| May we contact your present employer regarding your character, qualification, and record of employment? CHECK ONE: YES NO 1. NAME AND ADDRESS OF EMPLOYER: DATES EMPLOYED FROM TO TITLE OF POSITION: IMMEDIATE SUPERVISOR & PHONE NUMBER: NUMBER OF EMPLOYEES YOU SUPERVISED: | | Special skills and qu | alifications wit | h office machine | s (Word Processing - | · WPM | I), wheel and tra | ack vehicle | es, etc. Also | list any licenses or |
| May we contact your present employer regarding your character, qualification, and record of employment? CHECK ONE: YES NO 1. NAME AND ADDRESS OF EMPLOYER: DATES EMPLOYED FROM TO TITLE OF POSITION: IMMEDIATE SUPERVISOR & PHONE NUMBER: NUMBER OF EMPLOYEES YOU SUPERVISED: | | | SECTION | ON II - EMPLOYN | MENT HISTORY | | | | | |
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| TITLE OF POSITION: IMMEDIATE SUPERVISOR & PHONE NUMBER: NUMBER OF EMPLOYEES YOU SUPERVISED: | 1. NAME AND ADDRESS OF EMPL | OYER: | | - | | | /ED | AV | ERAGE HRS | . PER WEEK |
| TYPE OF BUSINESS: YOUR REASON FOR LEAVING: | TITLE OF POSITION: | | IMMEDIATE | | - | 10 | NUMBER OF | EMPLOY | EES YOU SU | IPERVISED: |
| | TYPE OF BUSINESS: | | YOUR REAS | SON FOR LEAVI | NG: | | | | | |

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

| | | | | SECTI | ON II - EMPLOYMEN | T HISTORY (Continued) | | | | |
|---|--|------------------------|----------------|----------------|--|--|----------------------------|-----------------------|----------|--------------|
| OTHER EMPLO | YMENT | | | | | | | | | |
| May we contact cost employer regarding your character, qualification, and record of employment? (A "NO" answer will not affect your consideration for employment.) CHECK ONE: YES NOG | | | | | | | | | | |
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| DESCRIPTION | DESCRIPTION OF WORK: (Describe your specific responsibilities and accomplishments) | | | | | | | | | |
| 3 | | | | | | IILITARY HISTORY | | | | |
| | | | | | | and duty in reverse chronologic | cal order.) | | | |
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| 2. MILITARY T | l Raining: | I | | | l l | | | | | |
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| 3. MILITARY Q MOS/SSI/AFS | | NS (List ar AWARDED | ny primary MOS | /SSI whi | ch has been awarde ALIFICATIONS WER | d on orders.) RE OBTAINED (Service School | l. On the Joh Tr | aining. Civilian Exne | rience | etc.) |
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| SECTION IV - PERSONAL BACKGROUND QUESTIONAIRE | | | | | | | |
|---|---|---|--|----------------------|--|--|--|
| YES | NO | (All Applicants Must Complete) Utilize the Continuation/Remarks section Attach a seperate sheet of paper if more space is necessary. | on to fully explain any "YES" answers (except 9 & 10). | | | | |
| | | 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 cha | arges for any felony or firearms or explosives offense against t | he law? | | | |
| | | 4. During the past seven years, have you been convicted, imprisoned, | on probation or parole, or forfeited collateral or are you now u | nder charges for any | | | |
| | Ш | offense against the law not included in Question 3? | | | | | |
| | | 5. While in the military, have you ever been convicted by a General Cou | ırt Martial? | | | | |
| | | 6. Does the United States Government employ, in a civilian capacity o | r as a member of the Armed Forces, any relative of yours by b | lood or marriage? | | | |
| | | 7. Do you receive or are you entitled to receive federal, military retired federal, civilian service, or eligible for immediate federal civil service? | or retainer pay, service annuities, or other compensation base | ed upon military, | | | |
| | | 8. Have you ever been removed from military service due to unsuitabili | ty? | | | | |
| | | Will you be able to complete a minimum of 5 years of continuous AC Mandatory Removal Date (MRD)? | GR Service prior to completing 18 years of Active Federal Serv | rice or your | | | |
| | | 10. Are you a candidate for an elected office, holding a civil office (full AR 600-20/ANGI 36-101/DoD Directive 1344.10, Political Activities by M | | ed in | | | |
| | | 11. Have you been involuntarily removed from unit (Selected Reserve) retention board action? | service based on maximum years of service, qualitative reten | tion or selective | | | |
| | | 12. Have you been involuntarily removed from unit (Selected Reserve) including but not limited to relief from command in the past year? | service for cause or been relieved for cause from any duty as | signment, | | | |
| | | 13. Do you currently possess or is a report of suspension of favorable | e actions pending? | | | | |
| | | 14. Have you voluntarily separated from the AGR Program in any state | for one or more days within the past year? (ARNG Applicants 0 | Only) | | | |
| | | 15. Have you been voluntarily separated from the AGR Program or vol | untarily separated in lieu of adverse action? | | | | |
| | | 16. (OFFICERS AND WARRANT OFFICERS ONLY.) Have you been redeadquarters, or Department of the Army Headquarters, within the partment of the Army Headquarters. | | board convened by | | | |
| | | 17. Have you met the minimum requirement for each fitness component | nt by scoring an overall score of 75 points or higher, per AFI 3 | 6-2905. | | | |
| | • | SECTION V - C | ONTINUATION/REMARKS | | | | |
| | | | | | | | |
| | | | | | | | |
| | | SECTION VI - CERTIFICATIONS AND | AUTHORITY FOR RELEASE INFORMATION | | | | |
| to the | 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 specialists 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. | | | | | | |
| | | | SIGNATURE: | DATE: | | | |
| | | nat all of the statements made by me are true, complete, and the best of my knowledge and belief and are made in good faith. | | | | | |

CUI when filled

Prescribed By: <u>DoDI 1304.02</u>

| | POLICE RECORD CH | | | | | F REQUEST | ` | , | OMB 2025 | approv 0531 | val exp | oires |
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| and maintaining the data need including suggestions for reduct should be aware that notwithst OMB control number. | r this collection of information is estim red, and completing and reviewing the cing the burden, to the Department of tanding any other provision of law, no COUR FORM TO THE ABOVE ORGA | e collection of info Defense, Washir person shall be s | rmation. Send ngton Headqu subject to any | d comments r larters Servic penalty for fa | egarding this bes, at whs.mc-ailing to comply | ourden estimate o alex.esd.mbx.dd- with a collection | or any dod-in of info | other aspect formationcol ormation if it o | of this col lections@ does not d | g data so lection o mail.mil. lisplay a | f informa Respon currently | gathering ation, ndents ly valid |
| SECTION I - (To be comp | pleted by Recruiting Service) | | 1. 5 5 | | | | | | | | | |
| 2. NAME OF APPLICAN | T (Last, First, Middle | 3. SEX | | E OF BIRT | Н | D 001111 | | Г | 0.074 | | | |
| Name(s), Alias) | | MALE | A. CITY | | | B. COUN | ITY | | C. STA | ΓE | | |
| | | FEMALE | | | | | | | | | | |
| 5. DATE OF BIRTH (YYYYMMDD) | 6. A. ETHNICITY (1) HISPANIC OR LATINO | 6. B. RACE (1) AME (2) ASIA | RICAN INDI | ne or more) IAN/ALASKA NATIVE (4) NATIVE HAWAIIAI OTHER PACIFIC ISLA | | | | _ | | | | |
| | (2) NOT HISPANIC OR LATINO | (3) BLA | CK OR AFR | ICAN AMER | RICAN | (0) \\ | | | | | | |
| 8. ADDRESS IN ADDRE | SSEE'S JURISDICTION (See | "MAIL TO" bl | ock) | | | | 9. [| ATES RE | SIDED | AT THI | S ADD | RESS |
| A. NUMBER AND STRE | ET (include apartment no.) | B. CITY | C | C. STATE | | D. ZIP CODE | 1 | FROM YYYMMDD |)) | B. TO |) YMMD: | D) |
| 10. PERSON MAKING T | 'HIS REQUEST | | | | | | 1 | | | | | |
| A. NAME (Last, First, Mid | ddle Name(s)) | B. RANI | K | C. SIGNA | TURE | | | D. TITLE | | | | |
| SECTION II - (To be com | unleted by Applicant) | | | | | | | | | | | |
| CECTION II (10 be com | proced by Applicanty | ı | PRIVACY AC | T STATEME | NT | | | | | - | | |
| PRINCIPAL PURPOSE(S): The enforcement agencies. Comple covered by recruiting and offici ROUTINE USE(S): The routine DoDM 1145.02, Military Entrar A0601-210c TRADOC, Army F F036 AETC R, Air Force Recru M01133-3, Marine Corps Recru N01133-2, Recruiting Enlisted DHS/USCG-027, Recruiting Fi | ons 136, 504, 505, 12102; 14 U.S.C. are information collected on this form is eted forms are used to conduct backgual military personnel SORNs maintain e uses are found in the associated systee Processing Station (MEPS); https://dpc.uiting.prospect.System; http://dpc.uiting.prospect.System; http://dpc.uiting.promation.Support.System (M. Selection.System; http://dpcld.defens.les.System of Records; http://www.gp.wever, failure of the applicant to compords check and keep all records toget. | s used to screen a ground records ch- ned by each of the stem of records no s://www.esd.whs. fold.defense.gov/P FRISS) Records; i ICRISS); http://dp icRiSSy; http://dp icRiSSys/pkg/f joo.gov/fdsys/pkg/f | and identify a lecks used to e Services. lotices listed b mil/Portals/54 rivacy/SORN http://dpcld.de cld.defense.g DRNsIndex/D0 FR-2011-08-1 | poplicants to the determine elicopelow: (/Documents//slndex/DOD-efense.gov/Proov/Privacy/St.) DD-wide-SOF 0/html/2011-ifusal of enlistness. | ne Armed Force gibility of applic DD/issuances/c wide-SORN-Ar ivacy/SORNsII ORN/SINDex/DC RN-Article-View 20225.htm ment in the Arm | es who may have cants for accession dodm/114502m.p ticle-View/Article, ndex/DOD-wide-S DD-wide-SORN-A //Article/570318/r | e discre on into odf?ve /57007 SORN Article- n01133 | editable invol the Armed F r=2018-07-23 73/a0601-210 -Article-View, View/Article/5 3-2/ | 3-121425- 0c-tradoc/ /Article/56 570628/m | ompleted 917 9780/f03 01133-3/ | i forms a 36-aetc-r / | are |
| 11. I HEREBY CONSEN INFORMATION REQUE | T TO RELEASE YOUR FILES STED BELOW. | FROM THE | | SIGNATU | IRE | | | | | | | |
| | npleted by Police or Juvenile A | | | | | | | | | | | |
| | ove, who claims to have resident on your files the information re | | | | | | | | | ∍ Unite | d | |
| 12. DOES THE APPLICA | ANT HAVE A POLICE OR JUY | VENILE RECO | ORD, TO IN | ICLUDE M | INOR TRAF | FIC VIOLATI | IONS | ? | YES | ; | □ N | 0 |
| (if YES, what was the o | ffense or charge, date, disposi | ition and sente | ence?) | | | | | | | | | |
| 13. IS APPLICANT NOV | V UNDERGOING COURT ACT | TION OF ANY | KIND? | | | | | | YES | , | N | O |
| (if YES, give details.) | | | | | | | | | | | | |
| | IAT THE ABOVE DATA, AS C CONFIDENTIAL AND CANNO | | | | | | | | | .E IN T | 'HIS O | FFICE. |
| 14. DATE (YYYYMMDD) | | | | 1 | FIED BY (S | | | | | | | |
| LAW ENFORCEMENT A | AGENCY | | | _ | TING AGEN IL FROM: | NCY | | | | | | |

PREVIOUS EDITION IS OBSOLETE.

Page 1 of 1

TEXAS ARMY NATIONAL GUARD TITLE 32 AGR

VA Disability Benefits Questionnaire

| 1. Are you receiving VA disability benefit | s? | YES | NO | (CIRCLE ONE) |
|--|---|-----------|------------|--------------------|
| 2. Are you entitled to receive VA disability the receipt of the retired pay? | y benefits, but for | YES | NO | (CIRCLE ONE) |
| 3. Have you received VA disability benefi | ts in the past? | YES | NO | (CIRCLE ONE) |
| 4. If you are not receiving VA disability, he the VA disability benefits? | ave you filed for | YES | NO | (CIRCLE ONE) |
| 5. If you are drawing VA disability benefit | its at what percentage? | | % | |
| If you answered yes to any question above Military Entrance Processing Station (ME for an AGR position. I understand that I n with me to MEPS on the day of the physic | PS) IAW AR 40-501 within nust take all medical docume | 30 days o | of notific | ation of selection |
| Full name (Last, First Middle) S | ignature | - | Date | |

As of 19 February 2014