

INARNG Requirements for Open AGR Applications

1. Application for Open AGR Vacancy Announcement: _____.
2. NAME (Last, First, MI): _____
3. RANK: _____ DATE OF RANK: _____
4. MOBILIZED: Yes No
5. MILITARY STATUS (Check one, If you are currently deployed, check the status that you were in prior to starting deployment orders): AGR Technician ADOS Active Duty M-Day
6. AOC: _____ SAOC: _____ SAOC: _____ SAOC: _____ SAOC: _____
7. HOME ADDRESS: _____
8. PRIMARY TELEPHONE NUMBER: _____
 Home Office Cell Other: _____
9. SECONDARY TELEPHONE NUMBER: _____
 Home Office Cell Other: _____
10. E-MAIL ADDRESS: _____
11. BEST METHOD OF CONTACT: Primary Telephone # Secondary Telephone # Email
12. The following documents are included in this application:
 - NGB Form 34-1
 - DA 705 (APFT Card) within 12 months for traditional (9 months for current AGR)
 - Soldier Record Brief
 - Retirement Points Accounting Management Sheet (RPAM)
 - Last Five (5) consecutive Evaluation reports (OER)
 - Letter of recommendation for Soldiers promoted after 2010 or if only 4 consecutive OER's are submitted
 - Current Ht/ Wt (within 30 days) Date: _____ Pass Fail (Failure must include DA 5500-R/ DA 5501-R)
 - All DD 214s
 - MEDPROS printout (current within 30 days)
13. Please provide a brief detailed justification for any missing documents or substitutions (*Failure to include justification will result in disqualification of Application*):

Commander Signature: _____

Applicant Signature: _____

Name, Rank: _____

Name, Rank: _____

Position Title: _____

Position Title: _____

APPLICATION FOR ACTIVE GUARD/RESERVE (AGR) POSITION

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

PRIVACY ACT STATEMENT**AUTHORITY:** Title 32 USC 502(f), AR 135-18, NGR (AR) 600-5, ANGI 36-101.**PRINCIPAL PURPOSE:** To provide information for use in determining eligibility/qualifications for Active Guard/Reserve (AGR) positions. A copy will be provided to the applicant. The original will be maintained by the human resources office for State records. For organizational use only.**ROUTINE USES:** None.**DISCLOSURE:** Voluntary, however if not provided you will not be considered for the AGR program.

POSITION ANNOUNCEMENT #	POSITION TITLE		
NAME (<i>Last, First, Middle</i>)			DATE OF BIRTH (<i>yyyymmdd</i>)
CURRENT HOME ADDRESS (<i>Street, City, State, Zip Code</i>)			HOME PHONE OFFICE PHONE
DATE OF ENLISTMENT (<i>Enlisted</i>)	GRADE	MOS/SSI/AFSC	ETS DATE
DATE OF FEDERAL RECOGNITION (<i>Officer/WO</i>)	GRADE	BRANCH	MRD DATE
SECURITY CLEARANCE			

SECTION I - EDUCATION AND SPECIAL QUALIFICATIONS1. COLLEGE OR UNIVERSITY (*Accredited Colleges only, attach separate sheet(s) if necessary.*)

Name, City & State	Date From	Date To	Degree Program	Credit Hours	Quarter/Semester
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 (*Examples - Special skills and qualifications, word processing speed (WPM), certifications on wheel and track vehicles, etc. Also list any licenses or certificates held (RN, Pilot, CPA), etc.*)**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.)CHECK ONE: YES NO

1. NAME AND ADDRESS OF CURRENT EMPLOYER	DATES EMPLOYED		AVERAGE HRS. PER WEEK
	FROM	TO	
TITLE OF POSITION	IMMEDIATE SUPERVISOR & PHONE NUMBER	NUMBER OF EMPLOYEES YOU SUPERVISED	
TYPE OF BUSINESS	YOUR REASON FOR LEAVING		
DESCRIPTION OF WORK (<i>Describe your specific responsibilities and accomplishments</i>)			

SECTION II - EMPLOYMENT HISTORY (Continued)

OTHER EMPLOYMENT

May we contact this employer regarding your character, qualification, and record of employment?
(A "NO" answer will not affect your consideration for employment.)

CHECK ONE: YES NO

2. NAME AND ADDRESS OF PRIOR EMPLOYER		DATES EMPLOYED		AVERAGE HRS. PER WEEK
		FROM	TO	
TITLE OF POSITION	IMMEDIATE SUPERVISOR & PHONE NUMBER		NUMBER 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	ARNG/ANG	RC	GRADE	ORGANIZATION	DUTY

2. MILITARY TRAINING

FORMAL MILITARY SCHOOLING COMPLETED

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

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

MOS/SSI/AFSC	DATE AWARDED	INDICATE HOW QUALIFICATIONS WERE OBTAINED <i>(Service School, On the Job Training, Civilian Experience, etc.)</i>

4. INDICATE ANY ON THE JOB TRAINING WHICH IS QUALIFYING FOR AN MOS/SSI 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) Utilize the Continuation/Remarks section to fully explain any "YES" answers (except 9 & 17). Attach a separate sheet of paper if more space is necessary.
<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. 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"/>	5. While in the military, have you ever been convicted by a General Court Martial?		
<input type="checkbox"/>	<input type="checkbox"/>	6. Does the United States Government employ, in a civilian capacity or as a member of the Armed Forces, any relative of yours by blood or marriage?		
<input type="checkbox"/>	<input type="checkbox"/>	7. 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"/>	8. Have you ever been removed from military service due to unsuitability?		
<input type="checkbox"/>	<input type="checkbox"/>	9. Will you be able to complete a minimum of 5 years of continuous AGR Service prior to completing 18 years of Active Federal Service or your Mandatory Removal Date (MRD)?		
<input type="checkbox"/>	<input type="checkbox"/>	10. Are you a candidate for an elected office, holding a civil office (full or part-time) or engaged in partisan political activities as defined in AR 600-20/ANGI 36-101/DoD Directive 1344.10, Political Activities by Members of the Armed Forces on Active Duty?		
<input type="checkbox"/>	<input type="checkbox"/>	11. 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"/>	12. 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"/>	13. Do you currently possess or is a report of suspension of favorable actions pending?		
<input type="checkbox"/>	<input type="checkbox"/>	14. Have you voluntarily separated from the AGR Program in any State for one or more days within the past year? (ARNG Applicants Only)		
<input type="checkbox"/>	<input type="checkbox"/>	15. Have you been voluntarily separated from the AGR Program or voluntarily separated in lieu of adverse action?		
<input type="checkbox"/>	<input type="checkbox"/>	16. (OFFICERS AND WARRANT OFFICERS ONLY.) Have you been non-selected for promotion as not best qualified for promotion board convened by State Headquarters or Department of the Army Headquarters within the past 12 months?		
<input type="checkbox"/>	<input type="checkbox"/>	17. Have you met the minimum physical fitness requirements for each component as specified by AR 600-9 (Army) or AFI 36-2905 (Air Force)?		

SECTION V - CONTINUATION/REMARKS

Use the Continuation/Remarks section to fully explain any "YES" answers (except 9 & 17). Attach separate sheet(s) of paper if more space is necessary.

SECTION VI - 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 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.

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
--	-----------	------



DEPARTMENT OF THE ARMY
INDIANA JOINT FORCES HEADQUARTERS NATIONAL GUARD
2002 SOUTH HOLT ROAD
INDIANAPOLIS, INDIANA 46241-4839

REPLY TO
ATTENTION OF

NGIN-PEH-A

February 2, 2016

MEMORANDUM FOR: NGIN-PEH-A

SUBJECT: Height and weight statement for _____

1. This memorandum is to confirm that _____ DOES / DOES NOT exceed his/her screening weight or body fat percentage for his/her age group. His/Her current height is ____ and weight is ____ as of DATE COMPLETED.

2. DA Form 5500-R (Body Fat Content Worksheet MALE) is enclosed, if applicable.
OR
DA Form 5501-R (Body Fat Content Worksheet FEMALE) is enclosed, if applicable.

3. _____ does not meet / meets the standards set forth in AR 600-9, dated 01 AUG 2006.

4. POC is _____.

SIGNATURE BLOCK

COMMANDING