

JOINT COUNTER NARCO-TERRORISM TASK FORCE

Application for Full Time National Guard Duty – Counterdrug

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

Announcement Number

Position

Last Name

First Name

MI

Present Address

City

State

Zip Code

Home Phone

Work Phone

Rank _____ Army/Air Force (circle one) SSN _____ Number of Dependents _____

Unit of Assignment _____ Section _____

Unit Location (City) _____ Unit Phone _____

Primary MOS/AFSC _____ MOS/AFSC Description _____

Security Clearance Type/Date _____ PEBD (Army) / Pay Date (Air Force) _____

Receiving VA Disability: YES / NO (circle one) Open LOD: YES / NO (circle one) ETS Date _____

Date and Location of Most Recent Military Physical Examination _____

Total Years of Active Federal Service _____ Current Status: ___ AGR ___ Tech ___ ADSW ___ M-day

Have you ever worked for JCNTF before? YES / NO (circle one) If Yes, When: _____

You must sign this application. Read the following carefully before you sign.

Personnel Data Privacy Act of 1974 (5 USC 552). This information is used to determine the qualification of persons applying to voluntarily participate on the Joint Counter Narco-Terrorism Task Force (JCNTF). Disclosure is voluntary, however, failure to disclose the requested information may result in the application being rejected.

Full Time National Guard Duty – Counterdrug (FTNGD-CD) personnel are required to attend unit scheduled IDT's/UTA's and 15 days of Annual Training with their assigned National Guard unit. (Applicants initials _____)

I understand and agree that any information provided by me may be investigated as allowed by law. I certify by my signature that to the best of my knowledge and belief, all of the information on this application is true and complete. I understand that if selected for employment with the JCNTF, I will participate in a drug testing program and undergo a background investigation. Some assignments also require additional background checks and polygraph screening. I understand any false statements made on this application could lead to non-selection or dismissal from the JCNTF.

Signature of Applicant

Date

High School Graduate or GED/Diploma received Y N Year _____

Highest Military Education/School Completed _____ Year _____

Names of Colleges or Technical Schools: _____

1. _____ Year _____ Graduate Y N

Course/Subjects of Study _____

2. _____ Year _____ Graduate Y N

Course/Subjects of Study _____

1. Are you available to work flexible schedules/hours (to include weekends, nights, and TDY travel) Y N

If no, explain _____

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

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

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

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

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

Place you entered the United States _____

Country of Citizenship _____

Alien Registration Number _____

EMPLOYMENT HISTORY (List most recent employer first)

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

EMPLOYMENT HISTORY (List most recent employer first)

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

KNOWLEDGE, SKILLS, AND ABILITIES:

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

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

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

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

Commander's Recommendation for Employment with the Joint Counter Narco-terrorism Task Force (JCNTF)

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1. Please take the time to thoroughly evaluate the following individual for entry on Full Time National Guard Duty Counterdrug, Title 32 service or continued service with the Joint Counter Narco-terrorism Task Force.

Name	Rank	Unit	Unit Phone #
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2. Personnel on duty with the JCNTF are held to high standards based on program requirements and internal policies. Service members must meet physical fitness and weight control standards, have no disciplinary flags (or unfavorable information file) and receive the unreserved recommendation of their unit commander. Please personally certify the following requirements individually:

a. Fitness Tests in the past 12 months: (Army service members must have two fitness tests within 12 months)

1. Fitness Test Date: _____ Score: _____ Circle: Pass / Fail Certifying Initials _____

2. Fitness Test Date (Army only): _____ Score: _____ Circle: Pass / Fail Certifying Initials _____

If test not accomplished, provide an explanation: _____

b. Service member is / is not (circle one) on a weight control program. Certifying Initials _____

c. Service member does / does not (circle one) have negative disciplinary actions pending. Certifying Initials _____

d. Service member's current ETS date is _____.

e. Service member's last PHA _____.

3. Personnel employed by the JCNTF are **required** to attend 15 days of annual training and all unit training assemblies each year. Personnel who fail to maintain satisfactory attendance should be immediately reported to the JCNTF. Only the individual's **commander or higher authority** is authorized to endorse this form.

4. Requests for additional annual training days are not automatic and are limited to exceptional cases. Detailed coordination between the unit commander and the JCNTF HQ must be done well in advance.

5. Extended active duty (EAD) is a privilege not a right. By endorsing below, you are verifying that the individual is a member in good standing of your unit and consistently participates in drills and annual training. You are giving the member your personal recommendation for extended active duty. Due to the high visibility and the unique mission of the JCNTF we strive to ensure the highest caliber of soldiers and airmen are employed to represent the Arizona National Guard.

___ I recommend this member for EAD

___ I do not recommend this member for EAD

5. The point of contact regarding this issue is the JCNTF Personnel Office at 267-2339.

Authorized Signature

Printed Name, Title and Rank

Date

Phone number

Background Information

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

Last	First	Middle
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Previous / Maiden Name / other names used

Street Address

City	State	Zip Code	Phone Number
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Previous Street Address

City	State	Zip Code	Phone Number
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Place of birth		
City	State	Country

Height	Weight	Hair Color	Eye Color	Race
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DOB / YYYY-MM-DD	Social Security Number	Circle one <div style="text-align: center; margin-top: 5px;">M / F</div>
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Drivers License # / Issuing State	Unit of Assignment	Pay Grade
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Pay Entry Base Date	Dependents	MOS/AFSC	JCNTF Duty Location
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Note to Applicant: A thorough personal history background investigation will be completed prior to any job offer. Please initial the following statements before proceeding to the questions.

_____ You must provide documentation to include court dispositions and/or detailed explanations when required, the lack of information may result in rejection from the selection process or further employment with JCNTF.

_____ Existence of any of the conditions listed in the background application may result in rejection from the selection process or further employment with JCNTF.

I certify that all statements in the application are true and agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment with the Joint Counter Narcotics Task Force.

Signature: _____

Date: _____

Witness Signature: _____

Printed Witness Name: _____

Last	First	Middle
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I. Controlled Substances

Yes / No

() () A. Any use or possession illegal drugs
 MARIJUANA, HEROIN, DANGEROUS DRUGS, NARCOTICS, or VAPOROUS SUBSTANCES Dangerous drugs and/or narcotics include hashish, cocaine/crack, amphetamines/barbiturates, LSD/acid PCP/angel dust, magic mushrooms, ecstasy, etc. Anabolic steroids have been consider

Yes / No

() () B. Illegal use of **PEYOTE** or **MESCALINE**

Yes / No

() () C. Sale of illegal drugs to include production, cultivation, or transportation for sale of illegal drugs

If you have tried, used or ingested any of the drugs listed in section I or if you have tried or used any other drugs without a doctor's prescription, explain in detail below. If more space is needed, use the back of this form. You must include dates and number of times used. Initial _____

II. Criminal Record

Yes / No

() () A. Any arrests or convictions of a felony or that would constitute a felony in the State of Arizona
 (If charges were dropped or reduced, include a copy of the disposition)

Yes / No

() () B. Any criminal charges or convictions other than a felony
 (If yes, include a copy of the disposition)

Yes / No

() () C. Currently have outstanding criminal charges, on probation, or participating in a diversion program
 (If yes, include a copy of the disposition and explain in the space provided below)

III. Driving Record

Yes / No

() () A. Any D.U.I. arrests or convictions within the last three years
 (If charges were dropped or reduced, include a copy of the disposition)

Yes / No

() () B. Any serious traffic violations or multiple traffic violations (reckless driving, leaving scene of accident, pattern of excess violations)

IV. Financial

Yes / No

() () A. Have you been served with a garnishment regarding your financial obligations within the past 5 years
 (If yes, include details and any documentation explaining status)

Yes / No

() () B. Have you had a bankruptcy in the past 7 years
 (If yes, include details and any documentation explaining status)

Yes / No

() () C. Have you had any of the following in the last three years: repossessions, foreclosures, delinquent child support, or submission of bills to collection agency.
 (If yes, include details and any documentation explaining status)

If you have answered yes to any questions in sections II, III, and IV, explain in detail below and include documentation as necessary. If more space is needed use the back of this form. Initial _____
