Ohio National Guard

Counterdrug Task Force
8302 South Perimeter Road
Bldg. 931
Columbus, OH 43217-5943

Full-Time National Guard Duty-Counterdrug (FTNGD-CD)
MILITARY VACANCY ANNOUNCEMENT # 16-002

Open To: Ohio Air National Guard Member
Position Title: Counterdrug Civil Operator

Unit/Duty Location: Multiple Locations in Ohio-TBD
Open Date: 15 December 2015
Min/Max Grade Authorized/Required: E4-O4
Required AFSC: None

Number of Positions: Multiple
Close Date: 31 January 2016
Clearance: SECRET

Counterdrug Point of Contact: SrA Sarah C. Florence Commercial 614-336-6431

Position Description: In an effort to help reduce substance abuse and the demand for illegal drugs, Civil Operators work as advisers to coach communities and anti-drug coalitions in delivering collaborative and effective strategies that create healthy citizens. Civil Operators are a well-trained and adaptable force capable of developing coalitions and implementing effective prevention practices, while maintaining the flexibility to apply these skills to other missions. Through the National Guard Bureau Counterdrug Civil Operations Standard Operating Procedures and the use of the unique tools developed for the National Guard, Civil Operators are able to use their training and experience by applying military process to a community setting. By providing tools through the Kaizen Assessment, and encouraging partnerships and participation within local community based organizations and law enforcement agencies, Civil Operators are able to assist in the planning and support of drug prevention efforts. As a Civil Operator, your focus must always be on our future; our youth of America and engaging them to live and make healthy life decisions and remain Drug Free.

Length of Tour: Time of hire through 30 Sep 16, with a possibility of a tour renewal based on fund availability.

MINIMUM QUALIFICATION REQUIREMENTS

-Personnel must have communication and organizational skills
-Personnel must be eligible for FTNGD CD IAW ANG Requirements
-Personnel must receive a written recommendation from their Unit Commander on OH CDTF Form 10-8
-Personnel must meet the medical retention standards as set forth in AFI 48-123
-Urinalysis Testing is required upon entry to FTNGD CD and personnel are subject to periodic testing while on the Counterdrug Task Force. These testing requirements are in addition to the requirements in AFI 44-120, Drug Demand Reduction Program, during IDT/IAD (UTA) at unit of assignment
-Personnel status on the Counterdrug Program is subject to year to year funding availability
-Counterdrug personnel must attend ALL IDT/IAD (UTA) and 15 days of AT while on FTNGD CD
-Personnel are subject to criminal records checks, and/or security screening by Law Enforcement Agencies (LEA) when serving on Counterdrug or while serving 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 Counterdrug Orders and that rejection by LEAs could result in their removal from the CD Program

STANDARDS of CONDUCT:
-National Guard members participating in the Counterdrug Support Program are required to comply with State Laws and with DoD 5500.7-R
-Personnel 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. Outside employment requires written approval from Counterdrug Coordinator
-Police Record checks will be conducted on all selected members prior to receiving orders

EQUAL OPPORTUNITY: Consideration for placement and evaluation of qualifications will be made on a fair and equitable basis without regard to race, religion, color, lawful political affiliation, marital status, sex, or national origin

APPLICATION PROCEDURES

Individuals meeting the Minimum Qualification Requirements may apply by submitting the following:

-Application for Full-Time National Guard Duty-Counterdrug CDTF Form 10-8
-Copy of Individual Medical Readiness (IMR) printout is required
- Must meet the physical standards for retention without temporary profiles at the time of selection IAW AFI 48-123
-Most current ANG/USAFR Point Credit Summary
-Resume of civilian and military skills
-Last two physical fitness scores
-DD369 Police Record Check *(Included in Announcement)*
-Memorandum of Security Clearance Verification signed by unit Security Manager
-Signed requirements for FTNGD CD Employment *(Included in Announcement)*
-Applicant Checklist *(Included in Announcement)*
-All females must submit a negative pregnancy test within 15 days of orders start date

Application MUST be received by the Counterdrug Task Force NLT close of business 31 January 2016 to be considered for positions. Incomplete and/or late packets will not be accepted.

Mail to:
Ohio Counterdrug Task Force
ATTN: SrA Sarah C. Florence
8302 South Perimeter Road
Bldg. 931 Columbus, OH
43217-5498

Or E-Mail:
sarah.c.florence.mil@mail.mil

Air National Guard Applicant Checklist

Rank:_____Name:_____Unit: _____

Unit Location:_____Type of Tour: _____

ETS/MRD:_____Cumulative Active Duty Years: _____ TDC: N/A_____

Required Documents	**Initial** (Member)	**Initial** (CDHQ)
Full-Time National Guard Duty Counterdrug Task Force Form 10-8 Individual Medical Readiness (IMR) Printout		
ANG/USAFR Point Credit Summary		
Resume		
Last 2 passing fitness scores		
Memo from Security Manager verifying Security Clearance		
Signed Requirements for FTNGD Employment		
DD369 Police Record Check (Blocks 1-9 completed, block 11 signed)		

Additional Questions:
Are you willing to relocate from your Home of Record if needed?
Are you currently deployed? If yes, when is your projected return date?
Is your unit projected to deploy? If yes, what is the projected deployment date?

I certify under penalties of perjury, false official statement and falsification that the information on this coversheet and the documentation in this packet is complete and accurate to the best of my knowledge and belief.

_____

Airman's Printed Rank and Name Signature Date

I certify under penalties of perjury, false official statement and falsification that I understand my requirements and responsibilities, that this Airman is qualified for FTNGDCD duty and appropriate funds are available IAW OHANG FTNGDCD policy, fiscal law and other applicable regulations and policies to the best of my knowledge and belief.

_____

Program Manager Printed Rank and Name Signature Date

OHIO COUNTERDRUG TASK FORCE

Application for Full Time National Guard Duty - Counterdrug

Announcement Number _____ Position _____

Last Name _____ First Name _____ MI _____

Present Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ DOB

Rank _____ Army/Air Force Army SSN _____

Unit of Assignment _____ Section _____

Unit Location (City) _____ Unit Phone _____

Primary MOS/AFSC _____ MOS/AFSC Description _____

Security Clearance Type/Date _____ PEBD _____ ETS Date _____

Receiving VA Disability: YES ☐ NO ☐ Open LOD: YES ☐ NO ☐

Date and Location of Most Recent Military Physical Examination _____

Total Years of Active Federal Service _____ Current Status: ____ AGR ____ Tech ____ ADOS ____ M-day

Have you ever worked for CD before? YES ☐ NO ☐ 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 Counterdrug Task Force (CDTF). 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 CDTF, I will participate in a drug testing program and undergo a background investigation. Some assignments also require additional background checks. I understand any false statements made on this application could lead to non-selection or dismissal from the CDTF.

_____ _____

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. Have you ever been convicted of, or plea bargained any crime, offense or violation? Y N yes, please explain_____

4. Are you now facing legal action for any offense or violation? Y N If yes, please explain _____

_____

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? Yes _____ Phone: _____

Address: _____

Dates of Employment _____to _____ Job Title: _____

Duties Performed: _____

Employer: _____ May we contact? Yes one: _____

Address: _____

Dates of Employment _____to _____ Job Title: _____

Duties Performed: _____

EMPLOYMENT HISTORY (List most recent employer first)

Employer: _____ May we contact? Yes _____ hone:_____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

_____

Employer: _____ May we contact? Yes ›hone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

_____

Employer: _____ May we contact? Yes ›ne: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

_____

Employer: _____ May we contact? Yes one: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

_____

Employer: _____ May we contact? Yes ›ne: _____

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 CDTF .

Commander's Recommendation for Employment with the Ohio Counterdrug Task Force (CDTF)

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 Counterdrug Task Force.

_____

Name Rank Unit Unit Phone #

2. Personnel on duty with the CDTF 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 Test in the past 12 months - Fitness Test Date: _____ Score: _____ Circle: Pass ☐ Fail ☐

If test not accomplished, provide an explanation: _____

_____

Certifying Initials _____

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

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

3. Personnel employed by the CDTF 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 CDTF. 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 CDTF 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 CDTF we strive to ensure the highest caliber of Soldiers and Airmen are employed to represent the Ohio National Guard.

☐ I recommend this member for CDTF

☐ I do not recommend this member for CDTF

5. The point of contact regarding this issue is the CDTF Personnel Office.

_____

Authorized Signature

_____

Printed Name, Title and Rank

_____ _____

Date Phone number

REQUIREMENTS FOR FTNGDCD EMPLOYEMENT

1. As an applicant for the Ohio National Guard Counterdrug Program, there are certain requirements that you must adhere to. The list includes:

   A. **Commander's Recommendation-** You will need to provide a letter/memo of favorable recommendation from your unit commander. This must be completed before orders will be issued and also before orders will be renewed.

   B. **Urinalysis Testing-** Urinalysis testing is required upon entry on active duty, and personnel are subject to periodic testing while on active duty. These requirements are in addition to testing by units of assignment during IDT/IAD under the JNGSAP.

   C. **Drill Attendance**- While working on FTNGDCD you are required to continue attending all IDT/IAT and AT functions. Any TDY, Leave, or activities for the Counterdrug Program that conflict with the unit drills require the unit commander's release before the project will allow the activity.

   D. **Police Record Check-** A police record check may be conducted at any time. Negative information may be used to remove you from Counterdrug orders.

   E. **Medical Requirements**-ARNG Personnel must meet medical retention standards as set forth in AR 40-501 Chapter 3 and Chapter 10.-ANG Personnel must meet medical retention standards as set forth in AFI 48-123 Chapter 3 and Attachments 2.9, and 19.

   F. **Background**-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 CD program.

   G. **Standards of Conduct**-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.

   Outside employment, associations and off-duty conduct/activities 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 of CDC according to para 8-25 of this regulation.

   H. Status of Funding-
   Year to year funding cycle.

2. I have read and understand the above requirements.

Signature:_____ Date:_____

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: