

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: *(Last, First, Middle)*DATE OF BIRTH: *(yyyymmdd)*CURRENT HOME ADDRESS: *(Street, City, State, Zip Code)*

HOME PHONE:

OFFICE PHONE:

(Enlisted) DATE OF ENLISTMENT:

GRADE:

MOS/SSI/AFSC:

ETS DATE:

(Officer/WO) DATE OF FEDERAL RECOGNITION:

GRADE:

BRANCH:

MRD DATE:

SECURITY CLEARANCE:

SECTION I - EDUCATION AND SPECIAL QUALIFICATIONS1. COLLEGE OR UNIVERSITY: *(Officer Applicants - Accredited Colleges only)*

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: Special skills and qualifications with office machines (Word Processing - WPM), wheel and track vehicles, etc. Also list any licenses or 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.)

CHECK ONE: YES NO

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:

TYPE OF BUSINESS:

YOUR REASON FOR LEAVING:

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

SECTION II - EMPLOYMENT HISTORY (Continued)

OTHER EMPLOYMENT

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

CHECK ONE: YES NO

G 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:
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TYPE OF BUSINESS:	YOUR REASON FOR LEAVING:
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DESCRIPTION OF WORK: *(Describe your specific responsibilities and accomplishments)*

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

