

Application For Full Time Military Duty (ANG)

1. Position Applying for:		2. Position Announcement No.		<p style="text-align: center;"><u>Privacy Act Statement</u></p> <p>1. Authority: Title 32, Sec 502(f) USC.</p> <p>2. Principal Purpose(s): Application by individuals for Military Duty in the Active Guard/Reserve (AGR) Program.</p> <p>3. Routine Uses: Used by members of an Evaluation Board to aid in the selection of the best qualified individual for the position to be filled.</p> <p>4. Mandatory or Voluntary Disclosure and Effect on Individual not Providing Information:</p> <p style="margin-left: 20px;">a. Mandatory Disclosure.</p> <p style="margin-left: 20px;">b. Failure to provide information requested would result in not being considered for selection.</p>	
3. Name (Last, First, Middle)					
4. Home Address (Number, Street, City, State, and Zip)					
5. Date of Birth		6. SSAN			
7. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Single w/Dependents					
8. Grade/Rank	9. Primary AFSC	10. Duty AFSC			
11. Date of Fed Recog (Off)		12. Date of Enl (Enl)			
13. ROPA Elimination Date (Off)		14. ETS (Enl)		15. Current ANG Assignment (Unit, Location, Job Title)	
16. Security Clearance		17. NAC / BI (Circle One) Completion Date:			

18. Civilian Education (Highest Level Only)					19. Military Education				
Name of School or College	From (yr)	To (yr)	Degree Recd.	Field of Study	Title of Course	Check One		Date Compl	If Not % Compl
						Resid	Non-Resid		

20. Military Service (Start with earliest service) (Officers only - Show changes in Grade/Duty)							
From	To	Check Appropriate			Grade	Organization	Duty
		AD	NG	USAFR			

21. List All Military Job Specialities You Have Held			
NEC/SSI/MOS/AFSC	Speciality Title or Description of Assignment	From	To

22a. Current or Most Recent Employment

Name and Address of Employer:	Dates Employed		Average Hrs. Per Week:
	From	To	
	Beginning Salary \$ _____ Per _____		Ending Salary \$ _____ Per _____
Title of Position:	Immediate Supervisor and Telephone Number:		# of Employee's you Supervised:
Kind of Business:	Your Reason for Leaving:		
Description of Work:			

22b. Previous Employment

Name and Address of Employer:	Dates Employed		Average Hrs. Per Week:
	From	To	
	Beginning Salary \$ _____ Per _____		Ending Salary \$ _____ Per _____
Title of Position:	Immediate Supervisor and Telephone Number:		# of Employee's you Supervised:
Kind of Business:	Your Reason for Leaving:		
Description of Work:			

23. May inquiry be made of your present employer concerning your past work record?	___Yes	___No
24. *Within the last 5 years, have you been fired from any job for any reason? *Within the last 5 years, have you quit a job after being notified that you were going to be fired? *Does the United States Government employ, either in a civilian capacity or as a member of the Illinois National Guard, any relative of yours by blood or marriage? *Are you now under charges for any offense against the law other than traffic violations? *Do you receive or do you have pending application for retired pay, pension, or other compensation based on Government (Civilian or Military) service?	___Yes	___No
	___Yes	___No

NOTE: IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, THE CIRCUMSTANCES MUST BE EXPLAINED. USE AN ATTACHMENT TO THIS APPLICATION TO PROVIDE THIS INFORMATION.

I certify that all of the statements made are true, complete, and correct to the best of my knowledge and belief and are in good faith.	25. Signature	Date:
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