

Illinois Army National Guard Open AGR Vacancy Announcement 22B-046
Department of Military Affairs
State of Illinois
Camp Lincoln
1301 North MacArthur Boulevard
Springfield, Illinois 62702-2317
<https://www.il.ngb.army.mil/Employment/Army-AGR-Announcements/>

ANNOUNCEMENT NUMBER: 22B-046

DATE: 18 Mar 22

CLOSING DATE: 17 Apr 22

POSITION TITLE, PARA LINE, MAXIMUM AUTHORIZED MILITARY GRADE AND MOS:

Supply NCO, Para 201 Line 05, E6, 92Y3

APPOINTMENT FACTORS:

Officer()

Warrant Officer()

Enlisted(X)

LOCATION OF POSITION:

Co A, 766th BEB
2900 West Jefferson Street
Joliet, Illinois 60435

WHO MAY APPLY:

Must be a current member of the National Guard within the grades of E4 and E6.

AREA OF CONSIDERATION: This position is open to the grades of: **E4 to E6**. Individual selected will receive an AGR tour with the Illinois Army National Guard. **In order to be considered for this position, applicants must meet minimum qualifications as outlined on this announcement.**

INSTRUCTIONS FOR APPLYING: The documents listed WILL be submitted "**AS A MINIMUM.**" If any of the required documents are not reasonably available to you, a brief letter will be submitted citing the documents missing with a short explanation necessary to certify the soldier as eligible. **Failure to do so may result in a finding of ineligibility and may cause the applicant to lose consideration for this position.** Blank AGR application forms can be found on HRO's GKO page at the following link: https://gko.portal.ng.mil/states/IL/fed_staff/hro/AGR/SitePages/Home.aspx

1. Illinois Army National Guard (ILARNG) Military Tour Checklist
2. NGB Form 34-1 AGR Application
3. Copies of last 5 NCOERs (if applicable) - If 5 are not available, a letter of recommendation from your Unit Commander is required
4. Enlisted Record Brief (Selection Board only) dated within the last 90 days
5. Retirement Points Accounting Management Sheet (NGB 23B - RPAM) dated within the last 90 days
6. All DD Form 214s/NGB Form 22s
7. Individual Medical Readiness Record (MEDPROS) dated within the last 12 months
8. DA Form 705 (APFT) dated within the last 12 months (ensure height and weight are annotated on the form)
9. DD Form 5500 (male)/DD Form 5501 (female) Body Fat Content Worksheet (if applicable)
10. Copy of Valid Permanent Profile (if applicable)
11. Memorandum to the Selecting Official (if applicable)
12. Combine all documents into 1 PDF file; No attachments within the pdf file, no portfolio files, no tif files, and no jpg files will be accepted
13. Naming Convention for AGR Application: AGR Vacancy Announcement #, Last Name, First Name, Rank
14. Send all applications to the following email address: ng.il.ilamg.list.j1-hro-agr-branch@army.mil

POSITION COMPATIBILITY REQUIREMENTS:

The individual must qualify for and be placed in the following compatible MOS/AOC: **92Y3**

MINIMUM APPOINTMENT REQUIREMENTS:

1. Applicants must meet initial eligibility requirements of Table 2-1, AR 135-18.
2. Applicants must satisfy requirements outlined in NGR 600-5, NGR 600-200, and NGR 601-1
3. Must meet the Army medical retention standards in accordance with AR 40-501, Chapter 3.
4. Must meet the Army body fat standards IAW AR 600-9.
5. Applicants for enlisted positions not MOS qualified must meet the PULHES and line score requirements and have the ability to take the Occupational Physical Assessment Test (OPAT) for award of the MOS (if required) in accordance with AR 611-21 and NGR 600-100 unless previously waived by proper authority.
6. Must be able to possess a SECRET clearance
7. Must have a current Army Physical Fitness Test taken within 12 months of the start date.
8. Must not be within six (6) months of mandatory removal or Expiration Term of Service (ETS).
9. Applicants must have no derogatory information within their Official Military Personnel Record (OMPF)
10. Applicants must not be subject to flagging actions during selection or upon entering an AGR status.
11. Applicants separated from military service for cause constitutes ineligibility, unless National Guard Bureau (NGB) grants an approved exception to policy/regulation prior to application submission
12. No record of conviction by special or general courts-martial or civilian courts of offenses listed in AR 27-10 (Military Justice), chapter 24 or otherwise required to register as a sexual offender under AR 27-10, chapter 24.
13. Selectee must be able to complete a 3 year tour of active duty prior to completing 18 years of active federal service, unless waived by NGB.
14. Applicants who voluntarily separate from the AGR program for one or more days are not eligible to reenter the program for one year from date of separation

without an NGB waiver

15. Individuals who voluntarily resign from the AGR program in lieu of mandatory or involuntary separation action are not eligible to reenter the program

BRIEF JOB DESCRIPTION:

Serves as the supply noncommissioned officer and Commander's representative responsible for the request, receipt, issue, and accountability of individual, organizational, installation, and expendable supplies and equipment. Assists in property accountability through the Property Book Unit Supply Enhanced (PBUSE) system, ensuring total accuracy. Ensures critical assets are on hand or ordered. Monitors all sensitive items and unit inventories. Initiates Financial Liability Investigations of Property Loss (FLIPL). Directly responsible for organizational equipment. Performs other duties as assigned.

SELECTING SUPERVISOR:

MAJ Russell Hayes, (217) 761-3112

CONTACT INFO:

SGT Jordan Gibson

(DSN) 555-3923

(Com) (217) 761-3923

(Email) jordan.d.gibson3.mil@army.mil

EQUAL OPPORTUNITY:

The Illinois National Guard is an Equal Employment Opportunity Employer. Soldiers and Airmen will not be accessed, classified, trained, promoted, or otherwise managed on the basis of race, color, religion, gender, national origin, or reprisal, except as the direct combat probability coding policy applies to women.

ILLINOIS ARMY NATIONAL GUARD AGR MILITARY TOUR APPLICATION CHECKLIST AND REQUIREMENTS – ENLISTED POSITIONS

NAME (Last, First, MI): _____ RANK: _____

SSN (Last 4): _____ EMAIL: _____

DAYTIME PHONE: _____ ANNOUNCEMENT NUMBER: _____

CURRENT STATUS: ☐ M-DAY ☐ AGR ☐ TECHNICIAN ☐ ACTIVE COMPONENT ☐ USAR ☐ OTHER

☐ **ILARNG AGR Military Tour Checklist (This Document)**

☐ **NGB 34-1:** AGR Application. Include announcement number, position title, date and signature.

☐ **NCOERs:** Last 5 NCO Evaluation Reports (NCOER). If 5 are not available, submit all available NCOER's with a letter of recommendation from your unit commander.

☐ **ERB:** Selection Board only, do not certify. Must be dated within the last 90 days to be valid.

☐ **NGB 23B:** Retirement Points Accounting System Statement. Must be dated within the last 90 days to be valid.

☐ **All DD214's / NGB 22's:** Provide verification of all prior service.

☐ **Individual Medical Readiness (IMR Print out):** Printout from My Medical Readiness Status on AKO. Must be dated within the last 12 months to be valid.

☐ **DA Form 705:** Copy of most recent APFT. Must be within 12 months of the closing date.

☐ **Valid Permanent Profiles:** Limiting the completion of the APFT/ACFT, if applicable.

☐ **DD 5500 (Male) or 5501-R (Female):** Body fat content worksheet, if applicable.

☐ **Memorandum for Record:** A one-page memorandum for record may be included to explain any documentation that is missing or if you require continuation of the NGB 34-1 application.

Combine all documents into 1 PDF file; no attachments within the PDF file, no portfolio files, no .tif files, and no .jpg files will be accepted. Send all applications to the following email address:

ng.il.ilarnq.list.j1-hro-agr-branch@army.mil

The documents listed on this checklist may be located on iPERMS, GKO, or at your unit of assignment. Your Readiness NCO and the Illinois Soldier Support Center are resources to assist you in putting your packet together. It is recommended that all applicants use these resources. Follow this checklist to assist you in packet preparation. All applicants must submit a complete application packet for consideration of an AGR Position.

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 HISTORYMay 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 ~~an~~ 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:
TYPE OF BUSINESS:		YOUR REASON FOR LEAVING:		

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

SECTION IV - PERSONAL BACKGROUND QUESTIONNAIRE

YES NO

(All Applicants Must Complete) Utilize the Continuation/Remarks section to fully explain any "YES" answers (except 9 & 10). 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 Headquarters, or Department of the Army Headquarters, within the past 12 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Have you met the minimum requirement for each fitness component by scoring an overall score of 75 points or higher, per AFI 36-2905. |

SECTION V - CONTINUATION/REMARKS

Use the Continuation/Remarks section to fully explain any "YES" answers (except 9 & 10). Attach a separate sheet 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: