

Illinois Army National Guard Open AGR Vacancy Announcement 23B-034
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: 23B-034

DATE: 05 May 23

CLOSING DATE: 04 Jun 23

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

Physician Assistant, Para 005 Line 01, O4, 65D

APPOINTMENT FACTORS:

Officer(X)

Warrant Officer()

Enlisted()

LOCATION OF POSITION:

5th Civil Support Team (WMD)
3101 South Airport Road
Bartonville, Illinois 61607

WHO MAY APPLY:

Open nationwide to all service members within the grades of O1 and O4 who are able to become a member of the Illinois Army National Guard.

AREA OF CONSIDERATION: This position is open to the grades of: **O1 to O4**. 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 below WILL be submitted AS A MINIMUM. If any of the required documents are not reasonably available to you, a brief memo 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 AGR SharePoint page at the following link: <https://armyeitaas.sharepoint-mil.us/sites/NGIL-HRO/SitePages/Army-AGR.aspx>

1. Illinois Army National Guard (ILARNG) Military Tour Checklist.
2. NGB Form 34-1 - Application for Active Guard/Reserve (AGR) Position.
3. Copies of last 5 Officer Evaluation Reports (OER's) if applicable. If 5 are not available, submit all available OER's and a letter of recommendation from your Unit Commander.
4. Officer Record Brief (ORB) - Submit the selection board version only dated within the last 90 days.
5. NGB 23B - Retirement Points Accounting Management Sheet (RPAM) dated within the last 90 days.
6. All DD Form 214's/NGB Form 22's.
7. Individual Medical Readiness Record (IMR) dated within the last 12 months. Do not submit a screenshot of the homepage of your MEDPROS profile.
8. DTMS Printout - Listing most recent record Army Combat Fitness Test (ACFT) score and height/weight record. Last record ACFT must be within 12 months of the announcement closing date.
9. DD Form 5500 (male) / DD Form 5501 (female) - Body Fat Content Worksheet (if applicable).
10. Copy of Valid Permanent Profile (if applicable).
11. Biographical Sketch.
12. Memorandum to the Selecting Official addressing any aspect of your application (if applicable).
13. Naming Convention for Application: Vacancy Announcement #, Last Name, First Name, Rank
14. 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.
15. Send all applications to the following email address: ng.il.ilarng.list.j1-hro-agr-branch@army.mil

POSITION COMPATIBILITY REQUIREMENTS:

The individual must qualify for and be placed in the following compatible MOS/AOC: **65D**

MINIMUM APPOINTMENT REQUIREMENTS:

1. Officers in either 65D or 66P with National Guard Bureau (NGB) Surgeon approval may apply.
2. Preferred experience includes: Previous Physician Assistant assignment in a deployable/deployed MTOE Unit; Emergency/Trauma experience; Chemical, Biological, Radiological and Hazardous materials treatment training or experience; Physician Assistant related Master's degree.
3. Validation of current medical license will be required upon acceptance of this position.
4. Soldiers assigned to the 5th CST (WMD) incur a 3 year stabilization period upon completion of the Civil Support Skills Course.
5. Soldiers assigned to the 5th CST (WMD) are required to maintain 24/7/365 availability to respond to a no-notice alert IAW state and national response requirements.
6. Soldier must relocate and reside within 1 hour of duty station.
7. Applicants must have or be able to obtain CBRNE Responder (SQI of "R1").
8. In accordance with Department of Defense Instruction (DoDI) 6025.6, dated 18 Jul 1985, all military and civilian health care professionals are required to maintain a valid, current license which is the same as a license held by a private citizen healthcare professional in independent practice.
9. Applicants must meet OSHA standards for wearing personal protective equipment (including respiratory screening).
10. Applicants must be able to be granted and maintain a Secret security clearance at a minimum, unless the duty position requires a higher level of clearance.
11. Applicants must be able to complete a three (3) year tour of active duty prior to completing eighteen (18) years of active federal service, unless waived by the National Guard Bureau (NGB).

12. Applicants must have a passing Army Combat Fitness Test (ACFT) taken within the last 12 months.
13. Applicants must have no derogatory information within their Official Military Personnel Record (OMPF).
14. Applicants must have no record of conviction by special or general court-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.
15. Applicants must meet the initial eligibility requirements of AR 135-18, Table 2-1.
16. Applicants must meet the Army Body Composition Program (ABCP) body fat standards in accordance with AR 600-9.
17. Applicants must meet the Army medical retention standards in accordance with AR 40-501, Chapter 3.
18. Applicants must not be subject to flagging actions during selection or upon entering an Active Guard/Reserve (AGR) status.
19. Applicants must not be within six months of Expiration Term of Service (ETS) or mandatory removal.
20. Applicants must satisfy the requirements outlined in AR 135-18, NGR 600-5, NGR 600-100, NGR 600-101, NGR 600-200, NGR 601-1, and ILNG PAM 135-18.
21. Applicants separated from military service for cause constitutes ineligibility, unless the National Guard Bureau (NGB) grants an approved exception to policy/regulation prior to application submission and the closing date of the announcement.
22. Applicants who have voluntarily resigned from the Active Guard/Reserve (AGR) program in lieu of mandatory or involuntary separation action are not eligible to reenter the AGR program in accordance with AR 135-18.
23. Applicants who have voluntarily separated from the Active Guard/Reserve (AGR) program for one or more days are not eligible to reenter the program for one year from their date of separation, unless waived by the National Guard Bureau (NGB) prior to the announcement closing date.

BRIEF JOB DESCRIPTION:

Physician Assistant: Lead medical practitioner. Responsible for basic health needs and preventative medicine for the unit. Responsible for the unit urinalysis program. Manages the unit immunization program, physical exams, laboratory tests, pre and post entry evaluations, medical surveillance, and medical rehabilitation. Responsible for all medical records. Responsible for medical logistics, medical equipment, and supplies purchase. Responsible for periodic inventory of controlled substances. Lead for unit medical training. Primary manager for all unit and individual medical treatment such as CLS and EMT. Research medical training courses, conferences and coordinates/plans these for unit in cooperation with operations section. Provide section training events to operations for inclusion in unit training schedules. As needed, assist operations section with planning and execution of whole-unit events. Research new medical treatment equipment and make equipment recommendations to the command. Advise Commander/deputy Commander on matters of medicine, signs, symptoms, treatment and other data of agents. Provide manning for mobile lab and medical treatment operations during deployments. In conjunction with survey and operations, establishes and operates emergency Decontamination. Develops the Site Health and Safety plan and assists with sampling plans. Recommends appropriate PPE to the command based on signs, symptoms, and physical appearance of contaminant. Unit Safety Officer - advises command on all safety issues. Provides input for medical section expenditures/budget. Prepares purchase contracts and MIPRs for medical section equipment and training events related to medical treatment and scientific analysis. Present unit capabilities briefings to outside agencies. Keep abreast of legal issues affecting the CST to include NFPA 473 and HIPAA. Advise the command of any implications and COAs to consider. Ensures medical section contributes to regular revisions of unit Emergency Response Plan and Standard Operating Guidance to accurately reflect evolution of unit operations. The Physician Assistant will regularly liaison with outside state and federal agencies within Illinois. Perform other duties as assigned.

SELECTING SUPERVISOR:

MAJ Lance Frail, (309) 567-5808

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 – OPEN OFFICER 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.

☐ **OER's:** Last 5 Officer Evaluation Reports (OER). If 5 are not available, submit all available evaluation reports with a letter of recommendation from your unit Commander.

☐ **Record Brief (ORB):** Selection board version only, do not certify. Dated within the last 90 days to be valid.

☐ **NGB 23B:** Retirements Points Accounting System Statement. Dated within the last 90 days to be valid.

☐ **All DD 214's / NGB 22's:** Provide verification of all prior service.

☐ **Individual Medical Readiness Printout:** Printout from My Medical Readiness Status on MEDPROS. Dated within the last 12 months to be valid.

☐ **DTMS Printout:** Listing most recent record ACFT score and height/weight record. Last record ACFT must be within the last 12 months of the announcement closing date.

☐ **Valid Permanent Profiles:** Limiting the completion of the ACFT (if applicable).

☐ **DD 5500 (Male) or DD 5501-R (Female):** Most recent body fat content worksheet (if applicable).

☐ **Biographical Sketch:** Copy of updated biographical sketch.

☐ **Memorandum for Record:** A one-page memorandum for record may be included to explain any missing documents 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

NOTE: Follow this checklist in application preparation. The documents listed on this checklist may be in iPERMS or at your unit of assignment. Your full-time unit staff are available to assist you in compiling your application. It is recommended that all applicants use their full-time unit staff when completing an application. All applicants must submit a complete application 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: <i>(Last, First, Middle)</i>			DATE OF BIRTH: <i>(yyyymmdd)</i>
CURRENT HOME ADDRESS: <i>(Street, City, State, Zip Code)</i>			HOME PHONE: OFFICE PHONE:
<i>(Enlisted)</i> DATE OF ENLISTMENT:	GRADE:	MOS/SSI/AFSC:	ETS DATE:
<i>(Officer/WO)</i> 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: <i>(Describe your specific responsibilities and accomplishments)</i>				

SECTION III - MILITARY HISTORY1. 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: