

# NEW YORK 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

\_\_\_\_\_

Rank

\_\_\_\_\_

Army

Air Force

SSN

\_\_\_\_\_

DOB

\_\_\_\_\_

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: Y

N

Open LOD: Y

N

Date 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? Y

N

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

1. Are you available to work flexible schedules/hours (to include weekends, nights, and TDY travel) Y N 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

If yes, please explain

4. Are you now facing legal action for any offense or violation? (Not including traffic violations) Y N

If Yes, Please explain

\_\_\_\_\_

5. Have you ever filed for bankruptcy? Y N If yes, please explain \_\_\_\_\_

6. 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 \_\_\_\_\_

7. Do you have a valid drivers license? Y N

**Unit Representative or Commander's Recommendation for Employment with the New York Counterdrug Task Force (CDTF)**

Name	Rank	Unit	Unit Phone #
------	------	------	--------------

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:

Service member does \_\_\_\_\_ does not \_\_\_\_\_ have negative disciplinary actions pending. Certifying Initials \_\_\_\_\_

Service member's current ETS date is \_\_\_\_\_

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.

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.

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 New York National Guard.

I recommend this member for CDTF

I do not recommend this member for CDTF

The point of contact regarding this issue is the CDTF Personnel Office at 518-344-3478 or [usaf.ny.109-aw.list.j3docd-j1@mail.mil](mailto:usaf.ny.109-aw.list.j3docd-j1@mail.mil)

[Task Force, ATTN: Personnel \(J1\)](#)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name, Title and Rank

\_\_\_\_\_  
Date Phone number

**Notification of Results**  
**NY Counterdrug Full-Time National Guard Duty**

PART I - TO BE COMPLETED BY APPLICANT

Position Applying For: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I am presently a member of:**

- NY Army National Guard
- NY Air National Guard
- Not a member of the New York National Guard
- Other \_\_\_\_\_

**\* When submitting documents \*\*Ensure all attachments are uploaded into 1 Attachement only.**

CD Form 10-8, Application for FTNG-CD Position

DA Form 705 or AF Fitness Results Last two assessments. (If selected for postions, APFT must be current within 6 months of starting on orders.

NGB Form 23B (RPAS) (Army) vMPF printout with Point Summary PCARS (Air)

MEDPROS Copy of Medical Protection System Assessment and Individual Readiness (IMR) statusor Airman's Preventive Health Assessment (If selected PHA must be within 1 year, HIV must be current within 2 Years of start of order)

Three most recent NCOER's / EPR (If applicable)

Resume of Civilian and Military Skills

Verification of Security Clearance (if applicable)

PART II - TO BE COMPLETED BY J1

You have been selected to fill the position. You will be advised by the selecting official when to report.

Another applicant has been selected to fill the position.

You were rated ineligible/not qualified due to:

- Not a current member of the NY National Guard
- Over 17 1/2 years federal active service
- Failed to provide the necessary documentation (must be current) as annotated:

- CD Form 10-8 completed in its entirety (with unit Rep's signature)
- DA 705/AF Fitness Results (Last 2)
- NCOERs / EPR's (Army) (Last 3)
- RPAS/ (Army ) or vMPF w/points PCARS (Air)
- Resume
- Security Clearance (if applicable)
- MEDPROS/IMR
- Other: \_\_\_\_\_

Declined

James G Peck Jr, SSG, NYARNG ,  
NCOIC Personnel and Administration  
NY Counterdrug Task Force