



# Military and Naval Affairs

## Application to perform State Active Duty

- MISSION:**
- JTF-ES
  - MEBS
  - CPC
  - OTHER

### PERSONAL INFORMATION

Name (Last, First, Middle Initial)		Rank	SSN
Address (Street, City, State, Zip Code)			
Home Phone #	Cell Phone #	E-mail Address	
Do you require lodging at Ft Hamilton:			Date of Birth:

### MAILING ADDRESS (If different than above home or record):

Address (Street, City, State, Zip Code)
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### MILITARY INFORMATION

Unit of Assignment		Service: (ARNG, ANG, NYNM, NYG)		
Unit Point of Contact and Phone Number:				
Highest Military Education:				
MOS/AFSC:	MOS/AFSC Qualified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Branch: (Officers Only)		
PEBD/Pay Date:	Date of Rank:	Flight Pay: Yes <input type="checkbox"/> No <input type="checkbox"/>	ASED:	ETS/MRD
Are you medically ready for deployment? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		Any visible tattoos on neck, hands or behind the ears?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Currently have a profile? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		If YES, explain:		
Are you "flagged" (DAV code) for any reason? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		If YES, explain:		
Have you ever received an NJP? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		If YES, explain:		

### BACKGROUND INFORMATION

Currently employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer Name and Job Title :	Dates employed:
List specific skills you believe you could contribute to SAD mission:		
Highest Level of civilian education:		List any certifications/licenses
Are you cleared to carry a firearm? Yes <input type="checkbox"/> No <input type="checkbox"/>	Previous SAD service: Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, please note when/where:

Have you at any time in your military career tested positive for any illegal drugs or misuse of legal drugs? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Do you have any pending or adjudicated (past) domestic violence convictions : <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Have you ever been convicted of a misdemeanor? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Have you ever been convicted of a felony? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Have you ever been denied a security clearance? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Have you ever been denied a gun permit: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>If you answered YES to any of the above questions explain, in detail, the circumstances:</b>	

**AFFIRMATION**

I affirm the information provided above and all statements made on this application (including any attachments) are true and correct to the best of my knowledge. I understand false statements may prevent my consideration for State Active Duty (SAD). I understand the information provided is for consideration for an SAD mission and the record will be maintained on file in accordance with any applicable statutes. I am aware all information contained herein is subject to verification by DMNA.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PERSONAL PRIVACY PROTECTION LAW NOTIFICATION**

The information you are providing on this application is being requested for the principal purpose of determining eligibility of applicant to participate in an interview for an opening on a standing SAD mission with New York State. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application.

**ADDITIONAL REMARKS SECTION (Use additional sheets if needed).**

**TO BE COMPLETED DURING MISSION ON-BOARDING PROCESS ONLY.**

**SERVICE MEMBER INFORMATION VERIFICATION:** I have reviewed the information on this form and confirm the data is current and accurate. Any necessary changes are noted in the "additional remarks section".

<b>Service Member's Signature</b>	<b>Date</b>

**ADMINISTRATIVE USE ONLY:**

<b>Reviewed by:</b> (Signature)	Date:	<b>SM Mission Start Date:</b>
	Print Name:	