



STATE OF NEW YORK
DIVISION OF MILITARY AND NAVAL AFFAIRS
NEW YORK GUARD

330 OLD NISKAYUNA ROAD, LATHAM, NEW YORK 12110

Application Instructions

Recruits seeking enlistment in the New York Guard must complete all necessary forms (listed below), and providesupporting documents, as well as any additional information required by the New York Guard which is deemed relevant and necessary in order to properly evaluate a recruit prior to enlistment.

To submit this form electronically, save as: "LASTNAME, FirstName-COMplete" *before filling it out.*

EXAMPLE: SNUFFY, Joseph - COMPLETE

Once you have completedthe form, hit the SUBMIT button on the bottom left corner of the last page and attach all additional documents necessary to complete your application.

Please note that forms NYG 6130-1 (Medical History) and NYG 6130-1 (Medical Examination) must be completed and signed by a state-qualified medical provider (MD, DO, PA, NP) which may require you to print and provide the form to your provider. Please contact the New YORK Guard Recruiting Office if you need assistance with scanning these forms.

A complete application packet will consist of the following: (forms marked with * are provided)

- | | | |
|--|---|--|
| <input type="checkbox"/> *NYG 620 | <input type="checkbox"/> *NYG 6130-1(<i>completed and signed by medical provider</i>) | <input type="checkbox"/> Copy of HS/College Diploma or Transcript |
| <input type="checkbox"/> *Oath of Enlistment/Oath of Office | | <input type="checkbox"/> Copy of driver’s license |
| <input type="checkbox"/> Current resume | <input type="checkbox"/> Police Record Check (<i>waived for holders producing a valid NYS Pistol Permit or other valid license where background checks are conducted</i>) | <input type="checkbox"/> Copy of most recent DD-214 (prior service only) |
| <input type="checkbox"/> *NYG 6130-2 (<i>completed and signed by applicant and medical provider</i>) | | <input type="checkbox"/> Copy of Birth Certificate or Passport |
| | | <input type="checkbox"/> One Letter of Recommendation |

Note: If you are a civilian who holds a professional certification (doctor, lawyer, dentist, nurse), please also submit a copy of your current professional license.

All blocks must be filled in on all forms; **applications with blanks will not be accepted or processed.** If something does not apply, fill in "N/A".

Applications should be sent electronically via email to: recruiting@newyorkguard.us and please send documents in .PDF format (preferred) or .JPEG format. Submission through"drop" or "share links" such as Google Drive will be rejected.

Agreement of Understanding, Release Authorization and Privacy Act Statement

1. By signing below, recruit agrees and understands that members of the New York Guard serve in a voluntary capacity and are not paid unless called into State Active Duty status, and in such event, are paid in accordance with his/her rank/grade and length of service in accordance with all policies and directives under the New York State Division of Military and Naval Affairs.

2. By signing below, recruit agrees and understands that, if enlisted in the New York Guard, he or she shall be subject to all standards of conduct and behavior as outlined in New York Guard directives and the New York State Military Law, and may be subject to discipline or punishment, including criminal prosecution should a violations of those laws, rules and standards occur.

3. By signing below, recruit agrees and understands that his or her enlistment as a member of the New York Guard is contingent, and subject to a complete background history review, and enlistee hereby agrees that he/she shall, upon request forthwith sign any document necessary to accomplish any further investigation into his/her background or medical status or medical history that may be deemed necessary to confirm the recruit’s eligibility to enlist in the New York Guard.

4. By signing below, recruit agrees and understands that he/she must meet all physical standards and all weight standards as set forth New York Guard Directives, and that his/her he failure to adhere to these standards shall be cause for rejection from service or immediate separation from the New York Guard.

5. By signing below, recruit agrees and understands that the New York Guard will investigate his/her background and health information, and hereby authorizes and requests that any third party release to the New York Guard any documentation relating to such investigation, including, but not limited to, transcript or records of discipline. Recruit further agrees to, at the request of a New York Guard, execute and provide and Authorization for Release of Health Information Pursuant to HIPAA for the purpose of investigating his or her suitability for enlistment in the New York Guard.

6. Authority for collecting this information is Section 165 of Article 8, Military Law of New York. Information supplied by an enlistee is protected under the Personal Privacy Protection Law (Public Officer’s Law of New York Article 6-A). Enlistee acknowledges and agrees that his/her provision of information to the New York Guard constitutes consent for the New York Guard to possess and utilize such information for the purpose of enlisting him/her in the New York Guard.

Date

Applicant Full Name

Applicant Signature



NEW YORK GUARD APPLICATION FOR ENLISTMENT

Social Security Number	
Drivers License Number	State

Last Name, First, Middle Initial	Gender (M/F/X)	Height	Weight
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Blood Type	Date of Birth (mm/dd/yy)	Home Phone/Cell Phone
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Current Mailing Address	Apt	City	State	Zip
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List All Prior Addresses for Last 5 Years:

Personal E-mail Address

Next of Kin Name and Address	Relationship	Phone Number
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Employer Name and Address	Position Held	Work Phone
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Educational Background (Check all that apply)

High School Associates Bachelors Masters MD, DO, DDS, JD

Are you a citizen of the United States? Yes No

Are you an alien amitted for permanent residence? Yes No

Proof of Identify (Enlistee must produce 2 of the items listed below, check all that apply)

U.S. Passport Permanent Resident Card (I-551) Birth Certificate Social Security Card Drivers License or State Issued ID

Did you previously service in the Armed Forces of the United States? Yes No

If you have served in the Armed Forced of the United States, you must submit a copy of your final/terminal DD-214 or NGB-22 which must clearly show a Separation Code and Re-Enlistment Code.

Have you ever been arrested, or charged with a crime other than a traffic violation? Yes No

If you have been arrested, or charged with a crime other than a traffic violation, you must list all such charges or arrests below along with relevant information and the disposition of the arrest/charge. Attach additional sheets if necessary (Leave blank if no arrests or charges) Note that failure to report a criminal background will result in denial of enlistment or administrative separation.

Charge	Explanation	Disposition

Enlistee Signature	Date
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NYG STAFF USE ONLY BELOW			
Assigned AC and DET	PROPOSED TDA SLOT	ASSIGNED MENTOR	AC CMD SIGNATURE

APPENDIX A: NYG 6130 Report of Medical History and Examination

Directions to Patient/Soldier: Patient is to complete boxes 1-5 and complete the LEFT HALF of this form by providing a complete medical history. If you have no history to report, write "none" in the space provided. Patient **MUST** sign at bottom left of form.

Direction to Examiner: Medical professional is to complete the RIGHT HALF of this form by examining all items "A" through "O" and reporting either "Normal" or "Abnormal" results and recording all physical data requested and answering questions asked below regarding patient's functional capabilities. Examiner must attest to patient's qualification for service, sign where indicated and provide practice address any NYS Medical License number where indicated.

1. NAME OF PATIENT (Last, First, Middle)	2. DATE OF BIRTH	3. SOCIAL SECURITY #	4. HOR: (Street, City or Town, State, Zip)	5. NYG ID#

MEDICAL HISTORY
(TO BE COMPLETED BY PATIENT)

MEDICAL EXAMINATION
(TO BE COMPLETED BY PHYSICIAN)

Patient to report any and all history of illness, injury, disease or other medical conditions relating A through O. Attach additional sheets if necessary.	EXAMINED SITE	Medical professional to report <u>any and all</u> abnormal examination results and note any conditions that would interfere with military service. Leave space blank if no abnormalities are observed on exam.
	A. Head, Face, Neck	
	B. Ears – General	
	C. Nose / Sinuses	
	D. Mouth and Throat	
	C. Eyes / Pupils / Vision	
	E. Lungs and Chest	
	F. Heart	
	G. Vascular System (inc. blood disorders)	
	H. Abdomen (inc. hernia)	
	I. Upper Extremities	
	J. Lower Extremities (inc. feet)	
	K. Endocrine System (inc. diabetes)	
	L. Spine (cerv., thoracic and lumbar)	
	M. Skin (inc. tattoos)	
N. Neurologic (inc concussion, headache, balance, memory, cognition)		
O. Psychiatric		

Patient: answer the following questions by circling or clicking "yes" or "no." For any "yes" answer, include an explanation in the space provided. Attach additional sheets if necessary.		Continuation of Physical Examination by Medical Professional:	
Have you ever:	Yes / No - Explanation	Height:	Weight:
been refused employment due to a medical issue?	Yes No	Blood Pressure:	Hair/Eye Color:
been treated for a psychiatric condition?	Yes No	Vision (Rx if abnormal):	Sex:
been denied life insurance?	Yes No	Functional Capabilities: (circle or click "yes" or "no")	
had surgery, or had a physician recommend surgery?	Yes No	Exert 50 to 100 lbs of force occasionally? Yes No	Kneel, bend, stoop without limitation? Yes No
been diagnosed with any medical condition?	Yes No	Sit, stand, walk without limitation? Yes No	Drive a vehicle or operate heavy machinery? Yes No
been a patient in a hospital?	Yes No	Reach overhead or at shoulder level, or work continuously without limitation? Yes No	Exercise, including running, calisthenics, pushups etc. without limitation? Yes No
treated with any medical professional in the last five years for a condition other than for minor illness (e.g. cold, flu)?	Yes No	Endure temperature/high humidity? Yes No	Climb, knee, squat without limitation? Yes No
been discharged from military service for medical reasons?	Yes No	PHYSICIAN CERTIFICATION: (circle one) Patient is QUALIFIED or NOT QUALIFIED	
received or applied for disability benefits of any kind?	Yes No		
Patient Signature:		Physician Signature:	
By signing above, patient, identified in block 1, above, swears under penalties of perjury that all information provided herein is complete and accurate. By signing above, patient agrees and understands that any misrepresentation, or omission, on this form may lead to disciplinary measures, including, but not limited to, discharge from the New York Guard. Patient further agrees and understands that the omission of any pre-existing medical condition from this form may lead to the denial of any subsequent Line of Duty injury claim.		Physician Name (Printed):	
		Physician Address, Tel. Number and NYS LICENSE NUMBER:	

NEW YORK GUARD MOBILIZATION FORM

LAST NAME	FIRST NAME	MI	RANK	GRADE
UNIT	TDA POSITION	DATE		

CURRENT ADDRESS & CONTACT INFORMATION

ADDRESS			APT #	
CITY		ST	ZIP	
PHONE (Home)	PHONE (Work)	PHONE (Cell)	EMAIL	
EMERGENCY CONTACT NAME		RELATIONSHIP	CONTACT NUMBER	

SKILLS AND QUALIFICATION REPORTING

PRIMARY CIVILIAN OCCUPATION * [Attach licenses /certification if applicable]
1-- MILITARY / NYG SKILL QUALIFICATIONS *
2-- MILITARY / NYG SKILL QUALIFICATIONS*
3-- MILITARY / NYG SKILL QUALIFICATIONS*
4-- MILITARY / NYG SKILL QUALIFICATIONS*
5-- MILITARY / NYG SKILL QUALIFICATIONS*

DEPLOYMENT REPORTING

PEBD (if known)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	Withholding #
I AM DEPLOYABLE WITHIN (CHECK ONE) <input type="checkbox"/> 12 Hours <input type="checkbox"/> 24 HOURS <input type="checkbox"/> 48 HOURS <input type="checkbox"/> NOT DEPLOYABLE AT THIS TIME		
I AM AVAILABLE FOR DUTY (CHECK ONE) <input type="checkbox"/> SEVERAL DAYS <input type="checkbox"/> 2 WEEKS <input type="checkbox"/> 3 WEEKS <input type="checkbox"/> 1 MONTH+		
I AM AVAILABLE FOR (CHECK ONE) <input type="checkbox"/> PAID DUTY ONLY <input type="checkbox"/> PAID OR VOLUNTEER DUTY		

VALIDATION (Completed by Personnel Section)

SIGNATURE:	DATE	
VERIFIED BY:	GRADE	TITLE
NOTES:		