



**HEADQUARTERS  
NEW YORK GUARD**  
Recruiting, Retention & Public Affairs Directorate  
O'Neill Hall, Camp Smith  
Cortlandt Manor, NY 10567-5000

COL David J. Warager  
Director

## **NYG – Officer Appointment Application Checklist**

Applicant Name \_\_\_\_\_

eMail: \_\_\_\_\_

Please complete the attached application for Appointment in the New York Guard. All of the questions on each of the below listed documents must be answered and all required documents must be submitted for consideration.

Attach to this cover sheet the following documents:

<b>New York Guard Form or Information Requested</b>	<b>Explanation</b>
NYG Form 620 – Application for Membership	This is the basic application for enlistment and provides your background information
Photograph	Tape Recent Photo to Form 620 Page 1 – Passport type.
NYG Form 610-E Oath of Office	This is your Oath of Office as an Officer
NYG Form 615-E Authorization for release of information	This is your permission to verify your background
NYG Form 611-E Agreement of Understanding	This is your agreement that we can discharge you for discrepancies in your application or derogatory information and you will tender your resignation.
NYG Form 3005.5 – Soldier Mobilization Form	This provides additional information about availability, specialties and contact information
NYG Form 640 Proceeding of the Board	Results of the Officer Board approving appointment. <b>(Prepared by BDE S-1, not the applicant's responsibility)</b>
NYG Form 6131-1 or NYG Form 88	Medical Examination
NYG Form 6131-2 or NYG Form 93	Medical History
Copy of your Drivers License	Photo ID 1
Copy of your resume <u>or</u> NYG Form NYG 620A	Resume or Civilian Work History Form (only one needed, if you have a detailed Resume, NYG Form 620A is not needed.)
Copy of your Birth Certificate or Passport	Proof of Citizenship and second form of ID
Letter of Good Conduct from your local Police Department	Not required for Police Officer, Court Officer or Licensed positions where a felony would revoke your license. Attach copy of professional license. Your local PD will know what you are seeking.
Two letters of recommendation	From a non-relation who has known you for at least 10 years. Must include their address, phone number, and how they know you.
Copy of DD-214 or NGB-22	If prior military service must provide
Copy of Transcript (with raised seal) of college degree awarded or higher	from an accredited institution showing completed credits or degree awarded (Bachelors or higher).
Copy of Professional License	(if applicable) Doctor / Dentist / Nurse / Attorney

If you have any questions about what is being requested, please promptly contact your recruit contact who sent you this Appointment Packet or the NYG Recruiter, at [recruiting@newyorkguard.us](mailto:recruiting@newyorkguard.us)

<b>RECRUITING INFO</b>
Recruited by: .....
Recruiting Officer: .....
Date Submitted: .....

**STATE OF NEW YORK**  
**Division of Military and Naval Affairs**  
**NEW YORK GUARD**  
**APPLICATION FOR MEMBERSHIP**

<b>PHOTO HERE</b>
Photo taken within 30 days prior to the date of this application
FRONT VIEW 1 1/2 X 1 1/2 square

Read the Privacy Act & Certification Statements at the end before you complete this application. *Type or Print Clearly in BLACK ink.*

<b>GENERAL INFORMATION</b> (TYPE OR PRINT CLEARLY IN BLACK INK)									
<b>1</b> NAME Last First M.I.			<b>1b</b> Other names used, maiden name, nickname, etc.:						
<b>2</b> Home Address (Street No.)				Apt.#	City or Town			State	Zip Code
<b>3.</b> ___Citizen ___Alien		Alien Registration #/Country		Social Security Number		Home Phone		Yrs. In Res.	
<b>4.</b> Place of Birth - City, State, Country				Age	Date of Birth	Height	Weight	Sex	
<b>5</b> Are you ___ Single ___ Married ___ Widowed/er ___ Divorced?				Color of Hair	Color of Eyes	Blood Type			
<b>6.</b> Name of Next of Kin				Address			Phone		

<b>CIVILIAN EMPLOYMENT EXPERIENCE</b> (TYPE OR PRINT CLEARLY IN BLACK INK)				
<b>7.</b> Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
<b>8.</b> Your immediate supervisor's name		Telephone Number	Exact title of your job	
<b>9</b> List every employment you have had for the past five (5) years, including periods of unemployment.				
From (Mo. and Yr.)	To (Mo. and Yr.)	Business Name and Address (Include State, Country, Zip) (May also use NYG Form 620A for additional employers)		Occupation or Title

<b>CIVILIAN EDUCATION</b>		<b>High School Data</b> (TYPE OR PRINT CLEARLY IN BLACK INK)		
<b>10</b> Did you graduate from high school? If you have a GED or will graduate in the next 9 months, say "YES" ___ YES - give year graduated: _____ ___ NO - give the highest grade completed: _____		<b>11</b> Name and location (City and State) of the high school you attended or where you obtained GED equivalency. Name: _____ City: _____ State: _____		
<b>12</b> Do you have a college or Graduate degree? ___ YES - give year of degree: _____ Type of Degree: _____		<b>13</b> Name and location (City and State) of the College. Name: _____ City: _____ State: _____		

**NEW YORK GUARD****APPLICATION FOR MEMBERSHIP****LICENSES***(TYPE OR PRINT CLEARLY IN BLACK INK)***14** List licenses or certificates you have, such as: *registered nurse; lawyer; radio operator; driver's; pilot's; etc.*

License or Certificate Name	Date of Latest License or Certificate	State or other Agency

**RESIDENCES HISTORY***(TYPE OR PRINT CLEARLY IN BLACK INK)***15** List all residences (of 90 days or more) for the past ten (10) years. Start with your immediately previous residences and carry back through to your first residence, or ten years, whichever comes first, leaving no gaps in time. Show only Month and Year in from-to.

From	To	Street Address	City	State	Zip Code

**BACKGROUND INFORMATION****16.** Have you ever been arrested or convicted of a crime other than a traffic violation?  YES  NO

If yes: Give details as to time, place and circumstances, and police agency;

 YES  NO**MILITARY EXPERIENCE***Abbreviated, Use NYG Form 625 for detailed listing***17.** Have you served in Military Services?  YES  NO

If yes Branch \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ AFSC: \_\_\_\_\_ Highest Rank \_\_\_\_\_

If more than one Branch \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ AFSC: \_\_\_\_\_ Rank \_\_\_\_\_

*If you served in any Armed Forces, a copy of your separation papers must accompany this application.***GENERAL STATEMENTS OF UNDERSTANDING**? **I understand** that members of the New York Guard serve in a voluntary capacity and that only in the event that they are called into active state military service they will/may be paid: and then in accordance to their rank and length of service.? **I understand** that as a member of the New York Guard I will be required to attend drills and agree to attend such drills as scheduled.**a. Bi-Weekly Drills:** Evening drill(s) from 1930 to 2230 hours, or as directed by the Unit Commander,**b. Monthly Drills:** Usually one Saturday and/or Sunday per month from 0900 to 1500, or as directed by the Unit Commander,**c. Annual Training:** One full week in the summer at a location in New York State.

? No applicant for enlistment or appointment with the New York Guard shall be denied such enlistment or appointment to such position or rank for which they are otherwise qualified because of applicant's race, color, gender, religion, or national origin.?

**PRIVACY ACT STATEMENT**

Authority for collecting this information is Section 3013 of Title 10 to the US Code, and Executive Order 9397. Publications containing this data are protected from disclosure (by any means of communication) to any person or agency pursuant to the Privacy Act of 1974 (Title 5 United States Code, §552a) and the Personal Privacy Protection Law (Public Officer's Law of New York Article 6-A). The information protected by these statutes is your home address and telephone number. The Primary use of this information is to determine your eligibility for enlistment, and the information may be disclosed to the individuals and agencies as required to investigate your statements. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this enlistment.

**SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION****YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.**

? A false statement on any part of your application may be grounds for not enlisting you, or for discharging you after you are enlisted.

? If you are a male born after December 31, 1959 you must be registered with the Selective Service System or have a valid exemption in order to be enlisted in the New York Guard. You may be required to certify as to your status at the time of enlistment.

? **I understand** that any information I give may be investigated as allowed by law.? **I hereby consent** to the release of information about my ability and fitness for enlistment in the New York Guard **by** employers, schools, law enforcement agencies and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized members of the New York Guard.? **I hereby certify** that, to the best of my knowledge and belief, all of my statements (on this form and any attachments) are true, correct, and made in good faith.**18** Signature (*Sign application in black ink*)Date Signed (*Month, day, year*)

# Oath of Office

I,

(First Name) (Middle Name) (Last Name)

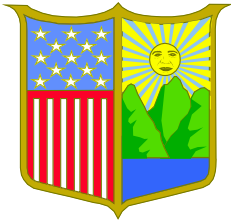
do solemnly swear that I will support and defend the constitution of the United States and the constitution of the State of New York; against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I will obey the orders of the Governor of the State of New York; that I make this obligation freely, without mental reservation or purpose of evasion, and that I will well and faithfully discharge the duties of the office of (Grade) (Arm or Service) New York Guard of the State of New York upon which I am about to enter, according to the best of my ability; so help me God.

-----  
(Grade) (Arm or Service)

Sworn to and subscribed before me at

This day of , 20 .

-----  
(Grade) (Arm or Service)



**HEADQUARTERS,  
56<sup>TH</sup> BRIGADE, NEW YORK GUARD**  
955 Washington Street  
Peekskill, NY 10566



COL David J. Warager  
Commander

LTC J. Raymond Mechmann  
Deputy Commander

NYGG-AR-56



SUBJECT: Authorization for Release of Information

**TO:** Any Medical Professional, Facility, or Association;  
The US Armed Forces, Maritime Service, Veteran's or Selective Service Administration;  
Any Academic Administrator at any Academic Facility;  
Any Local, State, or Federal Law Enforcement Agency;  
Any Past or Present Employer;  
Any Credit Bureau, or Retail Merchants Association;  
Any Insurance Company.

1. I,     
(First Name) (Middle Name) (Last Name)

have applied for membership in the New York Guard. I am aware that my entire background will be thoroughly investigated and I hereby authorize and request the release of any and all information that you may have concerning me, including academic transcripts and disciplinary matters, to a representative of the New York Guard. This authorization, or a reproduction thereof, shall be valid for a period not to exceed one (1) year from the date indicated above.

2. Applicant Personal Data: (*\*Refer to Privacy Act Statement at the bottom of this format*)

Social Security Number:  - -

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
*(City or Town, County, State/Territory/Providence, and Country)*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Witnessing Officer)

\_\_\_\_\_  
(Print or Type Rank & Name of Witness)

*\* Privacy Act Statement: Authority for collecting this information is Section 3013 of Title 10 to the US Code, and Executive Order 9397. Publications containing this data are protected from disclosure (by any means of communication) to any person or agency pursuant to the Privacy Act of 1974 (Title 5 United States Code, \_ 552a) and the Personal Privacy Protection Law (Public Officer's Law of New York Article 6-A). The information protected by these statutes is your home address and telephone number. The Primary use of this information is to determine your eligibility for enlistment, and the information may be disclosed to the individuals and agencies mentioned above. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this enlistment.*

# AGREEMENT OF UNDERSTANDING

I, \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

agree and understand that my acceptance as a member of the New York Guard is contingent and subject to a complete background history review, and I hereby affirm that should such review establish derogatory information disqualifying me under law and regulations such membership in the New York Guard, I shall upon request forthwith sign any document necessary to accomplish and shall accept discharge from the New York Guard.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Print or Type Name of Applicant)

Sworn to and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_ .

\_\_\_\_\_  
(Signature of Witnessing Officer)

\_\_\_\_\_  
(Type Rank, Name of Officer)

\_\_\_\_\_  
(Organization)  
(Print or Type Rank and Name of Witness)

\_\_\_\_\_  
(Type Rank, Name of Officer)

# NEW YORK GUARD MOBILIZATION FORM

LAST NAME	FIRST NAME	MI	RANK	GRADE
UNIT <b>1</b>	TDA POSITION	DATE		

## CURRENT ADDRESS & CONTACT INFORMATION

ADDRESS			APT #
CITY		ST	ZIP
PHONE (DAY)	PHONE (NIGHT)	<input type="checkbox"/> CELL or <input type="checkbox"/> FAX	E*MAIL t
Emergency Contact		Relationship	Phone

PRIMARY CIVILIAN OCCUPATION * [Attach licenses /certification if applicable]	SOC <b>0</b>
1--MILITARY / CIVILIAN SKILL QUALIFICATIONS *	SOC
2-- MILITARY / CIVILIAN SKILL QUALIFICATIONS*	SOC
3-- MILITARY / CIVILIAN SKILL QUALIFICATIONS*	SOC
4-- MILITARY / CIVILIAN SKILL QUALIFICATIONS*	SOC
5-- MILITARY / CIVILIAN SKILL QUALIFICATIONS*	SOC

PEBD (Pay Date) 20010605	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	Withholding # 1
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"/> 1 DAY <input type="checkbox"/> SEVERAL DAYS <input type="checkbox"/> 1 WEEK <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		

SIGNATURE:		DATE
VERIFIED BY:	GRADE	TITLE
NOTES:		

APPENDIX A : NYG Form 6130.1 Report of Medical Examination

<b>MEDICAL RECORD</b>	<b>NEW YORK GUARD REPORT OF MEDICAL EXAMINATION</b>	DATE OF EXAM:
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*NOTE: This information is for official and medically confidential use only and WILL NOT be released to unauthorized persons*

1. NAME OF PATIENT (Last, first, middle)		2. NYG ID NUMBER	3. GRADE
4a. HOME ADDRESS (Street or RFD; City or Town; State and ZIP code)		5. EMERGENCY CONTACT (Name and Address)	
4b. CITY	4c. STATE	4d. ZIP CODE	
6. DATE OF BIRTH	7. AGE	8. SEX ___ FEMALE ___ MALE	9. RELATIONSHIP OF CONTACT
10. PLACE OF BIRTH	11. RACE ___ WHITE ___ BLACK ___ ALASKAN NATIVE ___ AMERICAN INDIAN/ HISPANIC ___ HISPANIC ASIAN/PACIFIC ___ ISLANDER		

**CLINICAL EVALUATION**

NOR-MAL	17. Check each item in appropriate column, enter "NE" if not evaluated	ABNOR-MAL	18. Describe every abnormality in detail. Enter pertinent item letter before each comment	19. Summary of Defects and Diagnosis. Enter item letter before each comment
	A. HEAD, FACE, NECK & SCALP			
	B. EARS-General (Internal Canals)			
	C. DRUMS (Perforation)			
	D. NOSE			
	E. SINUSES			
	F. MOUTH AND THROAT			
	G. EYES-General			
	H. PUPILS (Equality & Reaction)			
	I. OCULAR MOBILITY (Associated parallel movements nystagmus)			
	J. LUNGS & CHEST (Incl Breasts)			
	K. HEART (thrust,size,rhythm,sounds)			
	L. VASCULAR SYSTEM (varicostis, etc)			
	M. ABDOMEN & VISCERA (incl Hernia)			
	N. ENDOCRINE SYSTEM			
	O. UPPER EXTREMITIES (strength, range of motion)			
	P. FEET			
	Q. LOWER EXTREMITIES (strength, range of motion)			
	R. SPINE, other Musculoskeletal			
	S. IDENTIFYING BODY MARKS, Scars, Tatoos			
	T. SKIN, Lymphatics			
	U. NEUROLOGIC (muscle strength, equilibrium)			
	V. PSYCHIATRIC			

**MEASUREMENTS AND OTHER FINDINGS**

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOR EYES	24. BUILD: ___ SLENDER ___ MEDIUM ___ HEAVY ___ OBESE	25. BLOOD TYPE
<b>26. BLOOD PRESSURE (Arm at Heart Level)</b>			<b>27. DISTANT VISION</b>		
A. SITTING	SYS	B. RECUMBANT	SYS	RIGHT 20/	CORRECTED TO 20/
	DIAS		DIAS	LEFT 20/	CORRECTED TO 20/
28. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify, Reference Item Number)					

29. EXAMINEE IS (check)	<input type="checkbox"/> QUALIFIED FOR	<input type="checkbox"/> ENLISTMENT / RE-ENLISTMENT
	<input type="checkbox"/> NOT QUALIFIED FOR	<input type="checkbox"/> PERIODICAL / RETENTION
30. IF NOT QUALIFIED LIST DISQUALIFYING DEFECTS BY ITEM NUMBER:		
31a. TYPED OR PRINTED NAME OF EXAMINER	31b. SIGNATURE	31c. DATE

**NYG FORM 6130.1** (Replaces NYG Form 88 which is obsolete)

Version date: 24 Sept 2010 Previous versions obsolete  Check here if Continuation Sheet is used and enter number of sheets \_\_\_

Print Examiner Medical License Number **A-1**  
and Office Address:



NEW YORK GUARD REPORT OF MEDICAL EXAMINATION

CONTINUATION SHEET

CONTINUATION SHEET NUMBER \_\_\_\_ of \_\_\_\_

MEDICAL RECORD

DATE OF EXAM

DD MM YYYY.

Note: This information is for official and medically confidential use only and WILL NOT be released to unauthorized persons.

1. NAME (Last, First, Middle)

2. NYG ID NUMBER

3. GRADE

\_\_\_\_\_

Include item number(s) from NYG Form 6130.1, Report of Medical Examination, and enter additional information below

APPENDIX B: NYG Form 6130.2 Report of Medical History

<b>MEDICAL RECORD</b>	<b>NEW YORK GUARD REPORT OF MEDICAL HISTORY</b>	DATE OF EXAM:
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**NOTE: This information is for official and medically confidential use only and WILL NOT be released to unauthorized persons**

1. NAME OF PATIENT (Last, first, middle)	2. IDENTIFICATION NUMBER	3. GRADE
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4a. HOME ADDRESS (Street or RFD; City or Town; State and ZIP code)	5. EXAMINING FACILITY
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4b. CITY	4c. STATE	4d. ZIP CODE
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6. PURPOSE OF EXAMINATION	ENLISTMENT/REINLISTMENT	PERIODIC	OTHER
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7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Continue on back if needed)

7a. PRESENT HEALTH	7b. CURRENT MEDICATIONS - STANDARD OR INTERIM
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7c. ALLERGIES (Include insect bites/stings and common foods)	7d. HFIGHT	7e. WFIGHT
--	------------	------------

8. PATIENT'S OCCUPATION	9. ARE YOU (Check one)
	<input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED

10. PAST/CURRENT MEDICAL HISTORY

Yes	No	?	CHECK EACH ITEM	Yes	No	?	CHECK EACH ITEM	Yes	No	?	CHECK EACH ITEM	Yes	No	?	CHECK EACH ITEM
			Household contact with anyone with Tuberculosis				Recurrent ear infections				Adverse reaction to medication				Foot trouble
			Tuberculosis or + test				Chronic/frequent colds				Skin diseases				Nerve injury
			Blood in sputum or cough				Severe tooth/gum prob.				Tumor/grth/cyst/cancer				Paralysis (Infantile)
			Excessive bleeding after Injury or dental work				Sinusitis				Hernia				Epilepsy or seizures
			Suicide attempt or plans				Hay fever/Diergichrinitis				Hemorrhoids/rectal dis				Car, train, sea sickness
			Sleepwalking				Head injury				Frequent/painful urinate				Trouble sleeping
			Wear corrective lenses				Asthma				Bed wetting to age 12				Depression or excessive worry
			Eye surgery to correct vis				Shortness of breath				Kidney stone/blood ur				Memory loss/Amnesia
			Lack vision in either eye				Pain/pressure in chest				Sexually trans disease				Nervous trouble
			Wear a hearing aid				Chronic cough				Recent gain/loss weight				Periods unconscious
			Stutter or stammer				Palpiti n/pounding heart				Eating disorder				Parent/sibling with
			Wear brace / back support				Heart trouble				Arthritis, rheumatism, burs				Diabetes, cancer, stroke, or heart disease
			Scarlet fever				High/Low blood press.				Thyroid/goiter trouble				x-ray/radiation therapy
			Rheumatic fever				Cramps in your legs				Bone/Joint deformity				Chemotherapy
			Swollen / painful joints				Frequent indigestion				Loss of finger or toe				Plate/pin/rod in bone
			Frequent/severe headache				Stomach, Liver, or Intestinal trouble				Painful or trick shoulder or elbow				Easy fatigability
			Dizziness / fainting spells				Gall bladder trouble or Gallstones.				Recurrent back pain or any back injury				Been told to cut down Or criticized for alcohol use
			Eye trouble				Jaundice or Hepatitis				Trick/locked knee				Used illegal substance
			Hearing loss				Broken bones				Treated female disorder				Used tobacco
															Menstrual change

11. FEMALES ONLY

Check each item YES or NO, every item checked yes must be fully explained on the back.

YES	NO	CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO	CHECK EACH ITEM
		12. Have you ever been refused employment, been unable to hold a job, or stay in school because of: a. Sensitivity to chemicals, dust, sunlight, etc? b. Inability to perform certain motions? c. Inability to assume certain positions? d. Other medical reasons? (give reason)			16. Have you ever been a patient in any type of hospital? (if yes, specify when, where, why, and name of doctor and complete address of hospital.)			20. Have you ever been discharged from the military service because of a physical, mental or other reason? (if yes, give date and reason for discharge, whether honorable, other than honorable, for fitness or unsuitability.)
		13. Have you ever been treated for a mental condition? (if yes specify where, when and give details.)			17. Have you ever consulted or been treated by clinics, physicians, healers, or other practitioners within the past five years for other than minor illnesses? (if yes, give complete address of doctor, hospital, clinic, and details.)			21. Have you ever been discharged from the military service because of a physical, mental or other reason? (if yes, give date and reason for discharge, whether honorable, other than honorable, for fitness or unsuitability.)
		14. Have you ever been denied life insurance? (if yes state reason and give details.)			18. Have you ever been rejected for military service because of a physical, mental or other reason? (if yes, give date and reason for rejection.)			22. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability? (if yes, specify what kind, granted by whom, when and why.)
		15. Have you ever had or have you been advised to have an operation? (if yes describe and give age at which occurred.)			19. Have you ever been diagnosed with a learning disability? (if yes, give type, where and how diagnosed.)			

22. LIST ALL IMMUNIZATIONS RECEIVED: \_\_\_\_\_

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for the purposes of processing my applications for this employment or service.

23a. TYPED OR PRINTED NAME OF EXAMINEE	23b. SIGNATURE	23c. DATE
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NOTE: HAND TO A DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

24. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA: (Physician may comment on all positive responses. Physician may develop by interview any additional medical history deemed important, and record significant finding on the back with reference to appropriate entry number.)

25a. TYPED OR PRINTED NAME OF EXAMINER	25b. SIGNATURE	23c. DATE
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**NYG FORM 6130.2** (Replaces NYG Form 93 which is obsolete)  
 Version date: 24 Sept 2010 Previous versions obsolete  Check here if Continuation Sheet is used and enter number of sheets \_\_\_\_

Print Examiner Medical License Number **B-1** \_\_\_\_\_  
 and Office Address: \_\_\_\_\_

NEW YORK GUARD REPORT OF MEDICAL HISTORY

CONTINUATION SHEET

CONTINUATION SHEET NUMBER \_\_\_\_ of \_\_\_\_

MEDICAL RECORD

DATE OF EXAM

DD MM YYYY.

Note: This information is for official and medically confidential use only and WILL NOT be released to unauthorized persons.

1. NAME (Last, First, Middle)

2. NYG ID NUMBER

3. GRADE

\_\_\_\_\_

Include item number(s) from NYG Form 6130.2, Report of Medical History, and enter additional information below

**NEW YORK GUARD****CIVILIAN EMPLOYMENT EXPERIENCE**  
Continuation Sheet**GENERAL INFORMATION**

1 NAME Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

2 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDITIONAL CIVILIAN EMPLOYMENT EXPERIENCE**

<b>7a.</b> Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
<b>8a.</b> Your immediate supervisor's name		Telephone Number	Exact title of your job	
<b>7b.</b> Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
<b>8b.</b> Your immediate supervisor's name		Telephone Number	Exact title of your job	
<b>7c.</b> Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
<b>8c.</b> Your immediate supervisor's name		Telephone Number	Exact title of your job	
<b>7d.</b> Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
<b>8d.</b> Your immediate supervisor's name		Telephone Number	Exact title of your job	
<b>7e.</b> Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
<b>8e.</b> Your immediate supervisor's name		Telephone Number	Exact title of your job	
<b>7f.</b> Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
<b>8f.</b> Your immediate supervisor's name		Telephone Number	Exact title of your job	
<b>7g.</b> Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
<b>8g.</b> Your immediate supervisor's name		Telephone Number	Exact title of your job	

★ **I hereby certify** that, to the best of my knowledge and belief, all of my statements are true, correct, and made in good faith.Signature (*Sign application in dark ink*)Date Signed (*Month, day, year*)