

New York Naval Militia
Commissioned/Warrant Officer Application Package

**FOR FEDERALLY-RECOGNIZED COMMISSIONED OR WARRANT OFFICERS ONLY
DRILLING RESERVE**

In order to become a member of the New York Naval Militia as an officer, an applicant must first hold a commission or warrant as an officer in the United States Coast Guard, Marine Corps, or Navy.

1. This package of forms is designed to be completed by the applicant on a personal computer. All forms must be completed and submitted as part of the application package.

The forms include:

- NYNM FORM 101A/B NOMINATION FOR COMMISSION
- NYNM FORM 1070 CIVILIAN-MILITARY SKILLS QUESTIONNAIRE

2. Additional required documents required along with the application package include:

- Copies of DD FORM 214 (all).
- Leave and Earnings Statement.
- Copy of CDC COVID-19 Vaccination Record Card, indicating fully vaccinated.
- NY Naval Militia Indoctrination Course completion certificate. Follow this link:
dmna.ny.gov/nynm/training/NYNM_INDOCTRINATION_Link_Information.pdf
- Copy of valid driver license, or government-issued identification card.

3. Options for package submission:

- a. Applications can be sent electronically via email to: NG.NY.NYARNG.MBX.NYNavalMilitia@army.Mil
- b. Via fax to (518)786-4427
- c. Via post to: New York Naval Militia Headquarters, 330 Old Niskayuna Rd Latham, NY 12110

PRIVACY ADVISORY STATEMENT

NEW YORK NAVAL MILITIA

Accession, Program and Separation Personal Information

AUTHORITY FOR COLLECTION OF PERSONAL INFORMATION: Personal Privacy Protection Law of New York State; Privacy Act of 1974, 5 U.S. Code, sections 552-522a.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: The requested information is mandatory for New York Naval Militia (NYNM) members to insure that: (1) persons applying to join the New York Naval Militia and/or its specific programs meet all eligibility requirements; (2) required pay and tax information is available for purposes of any orders to state active duty; or (3) eligibility for separation from the New York Naval Militia, if applicable. If the requested information is not furnished, the NYNM member will not be considered for accession, or assignment for routine or emergency state active duty. If a NYNM member currently serving on routine or emergency state active duty declines to provide the requested information, the NYNM member's assignment to routine or emergency state active duty may be terminated.

ROUTINE USES: This all inclusive Privacy Act Statement will apply to all requests for personal information made by the New York Naval Militia. It will become part of your New York Naval Militia service record. The intended use is to maintain a rapid recall capability, and to facilitate and document your eligibility for various New York Naval Militia programs.

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED: The primary use of this information is to identify NYNM members who are eligible to serve in the New York Naval Militia and its specific programs. This form provides you the advice required by the New York State Personal Privacy Act and the federal Privacy Act of 1974.

THIS FORM IS NOT A CONSENT FORM TO RELEASE PERSONAL INFORMATION PERTAINING TO YOU TO AGENCIES AND ENTITIES OUTSIDE OF THE NEW YORK STATE DIVISION OF MILITARY AND NAVAL AFFAIRS AND THE JOINT FORCES OF THE NEW YORK STATE ORGANIZED MILITIA.

New York Naval Militia (NYNM) 	NOMINATION FOR COMMISSION (For persons who hold or have held a federal commission as an officer)	FOR OFFICIAL USE ONLY NYNM Form 101A
---------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------	------------------------------------------------

NOTICE

Acknowledgement

1. Persons receiving a commission in the New York Naval Militia acknowledge the following:

- a. New York Naval Militia members are subject to recall to State Active Duty by the Governor of the State of New York.
- b. The New York Naval Militia is a state military agency under the Division of Military and Naval Affairs. It is not part of the United States Department of Defense or Department of Homeland Security.
- c. Persons 68 years of age and older are not eligible for membership in the New York Naval Militia.
- d. The applicant consents to a background check which may include investigation of my employment history, educational background, criminal history, military records, credit history and department of motor vehicle records.

I am a drilling reservist, IRR, separated prior service, or retired from the following federal military component:

Check One: **U.S. Coast Guard** **U.S. Marine Corps** **U.S. Navy**

1. APPLICANT INFORMATION

Complete SSN	Last Name	First Name	MI	Suffix
Designator/MOS	Rank/Paygrade	Date of Rank	Federal Pay Entry Base Date	Gender M F X
Home Address (mailing address)		City	County	State Zip Code
Cell Phone	Home Phone		Work Phone	
Primary Email Address			Secondary Email Address	
Next of Kin (NOK) Name and Relationship			Next of Kin (NOK) Phone	
Marital Status: Single Married/Civil Union			Number of Dependent Exemptions Claimed:	

2. FEDERAL RESERVE PROGRAM (USNR, USMCR, USCGR) INFORMATION

Reserve Center/USCG Command Name	Reserve Unit Name / UIC
----------------------------------	-------------------------

3. CRIMINAL HISTORY (including DUI, DWAI, BUI)

Offense, Date, Location (List all criminal history or select N/A if none):

4. PRIOR SERVICE INFORMATION (List all periods of prior/broken military service)

Component	Date Start	Date End

5. REFERRAL INFORMATION

Recruited or Referred By (Last Name, First Name, Rank, Unit):



Oath of Commissioning

I, _____
(First Name) (Middle Name) (Last Name)

A citizen of the United States, do hereby acknowledge to have voluntarily accepted a commission on this _____ day of _____, 20____, as a member of the New York Naval Militia under the conditions prescribed by law, unless sooner discharged by proper authority, and I do also agree to accept from the State of New York such benefits as are or may be established by law, and I do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America and the State of New York; that I will serve them honestly and faithfully; and that I will obey the orders of the Governor of the State of New York and the orders of the Officers appointed over me, according to Law. I make this obligation freely, without any mental reservations or purpose of evasion, and that I will well and faithfully discharge the duties of an Officer in the New York Naval Militia of the State of New York on which I am about to enter, so help me God

(Signature of applicant)

HOR: _____

(Date of federal reserve enlistment expiration)

Email: _____

Phone Number(s): _____

Unit name/location: _____

Certificate of Commission

(To be completed by New York Naval Militia Headquarters)

I certify that the above individual was commissioned with the grade of _____ and enrolled in the service of the State of New York on this _____ day of _____, 20____. This commission will remain in effect in accordance with the provisions of New York State Military Law.

(Signature of Certifying Officer)

(Name of Officer)

PERSONAL IDENTIFIER INFORMATION:

Name:	(LAST)	(FIRST, MI)	DOB:	
Address:	(MAILING)			
Address:	(PHYSICAL)			
Phone:	(MOBILE)		(ALTERNATE)	
E-mail:	(PRIMARY)		(SECONDARY)	
Marital Status:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED/CIVIL UNION		Dependents Claimed:	

MILITARY INFORMATION:

Component:	<input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy		
UIC:	Unit:	Duty Station:	
Grade:	Rank/Rate:	Length in service:	
Status:	<input type="checkbox"/> DRILLING RESERVIST <input type="checkbox"/> RETIRED RESERVIST (Eligible for pay at age 60) <input type="checkbox"/> RETIRED MILITARY (Receiving military retirement pay) <input type="checkbox"/> OTHER (Amplify)		

Date of separation or retirement from federal component:

CIVILIAN EDUCATION:

College, and/or Professional/Trade School (Name & Location)	ATTENDED		DEGREE		MAJOR/MINOR/ FIELD OF STUDY
	FROM	TO	TITLE	DATE	

CIVILIAN OCCUPATION:

Employer:		Job Title:	
Address:		City:	
Phone:		Contact Name:	

CIVILIAN QUALIFICATIONS:

Personal Qualifications or Certifications: (Check all that apply)	<input type="checkbox"/> Boat Coxswain <input type="checkbox"/> CDL Class ____ <input type="checkbox"/> Chaplain / Clergy <i>Faith: _____</i> <input type="checkbox"/> Medical Doctor/DO <input type="checkbox"/> Dentist <input type="checkbox"/> EMT/Paramedic	<input type="checkbox"/> Diesel Mechanic <input type="checkbox"/> Firefighter <input type="checkbox"/> Police Officer <input type="checkbox"/> Translator <input type="checkbox"/> Attorney <input type="checkbox"/> Welder MIG/TIG <input type="checkbox"/> Chef/Cook	<input type="checkbox"/> Engine Mechanic <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse RN/LPN <input type="checkbox"/> Other (amplify):
----------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

MILITARY QUALIFICATIONS:

List all current military qualifications held: (MOS, NOBC, NEC, Designator, etc.)		Military qualifications (Continued):	
Code:	Title:	Code:	Title:

FOREIGN LANGUAGE FLUENCY:

FOREIGN LANGUAGE	LANGUAGE PROFICIENCY				FOREIGN LANGUAGE (CONTINUED)	LANGUAGE PROFICIENCY			
	SPEAK	WRITE	READ	LISTEN		SPEAK	WRITE	READ	LISTEN

DRIVER LICENSE INFORMATION:

ID#:		State:		Class:		Expiration Date:	
------	--	--------	--	--------	--	------------------	--

OTHER RELEVANT INFORMATION:

Signature:		Date:	
-------------------	--	--------------	--

1. This form will assist the New York Naval Militia to determine the various skills sets possessed by members of the force. This form asks for comprehensive information on both civilian and military-acquired skills that may prove beneficial to the Naval Militia.

2. Members are to complete this form and return to New York Naval Militia headquarters through their Reserve Unit Point of Contact, or fax directly to 518-786-4427. Enclose copies of certifications, qualifications, diplomas, to support the information provided.

3. Information provided by this form will be maintained in the New York Naval Militia database, and in the member's service record at headquarters.