PRIVACY ADVISORY STATEMENT

NEW YORK NAVAL MILITIA (NYNM) CIVILIAN-MILITARY SKILLS QUESTIONNAIRE

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 to insure that: (1) the civilian-military education and skills of NYNM personnel are matched to personnel and skill-set needs arising during routine and emergency NYNM operations; (2) NYNM can be quickly contacted at home or at work during an emergency; and, (3) requirements for personal information can be met expeditiously when processing NYNM state active duty payroll, if applicable, and related taxation. If the requested information is not furnished, the NYNM member will not be considered for 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 Statement will apply to all requests for personal information made by the New York Naval Militia in order to maintain a rapid recall capability, to match civilian-military skill sets to operational needs, and to process NYNM state active duty payroll, if applicable, and any related taxation.

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED: The primary use of this information is to identify NYNM members with specific civilian-military education and skills and to match them to personnel needs arising during routine and emergency state active duty. The information provided will also be used to contact and pay, if applicable, the NYNM member if assigned to state active duty. This form provides you the advice required by the New York State Personal Privacy Protection 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.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

_____ _____

SIGNATURE OF NYNM MEMBER DATE

_____

PRINTED NAME AND GRADE/RANK OF NYNM MEMBER

Reset Form

New York Naval Militia
Civilian-Military Skills Questionnaire

PERSONAL IDENTIFIER INFORMATION:

Name:	Last:	First:	Middle:
DOB:			
Address:			
City:		State:	Zip:
Phone:	Home:	Work:	
	Fax:	Cell:	
E-mail:	Home:		
	Work:		
Grade:	E1	Rank/Rate:	
Component:	☐ USCGR ☐ USMCR ☐ USNR ☐ 5% Group		
	UNIT:	Duty Station:	
Marital Status:	☐ Married/Civil Union ☐ Single ☐ Divorced ☐ Widowed		
	Number of Dependent Exemptions Claimed:		

AVAILABILITY:

Status:	☐ Drilling Reservist ☐ Receiving Military Retirement Pay	☐ Retired Reservist eligible for pay at age 60 ☐ Other: (Amplify)		
Duty Availability:	☐ Within 24 hours	☐ 24-48 hours	☐ 48Hrs-7 days	☐ 1-2 weeks
Duty Duration:	☐ Less than 1 week	☐ 7-14 days	☐ 2-4 weeks	☐ More than 4 weeks

CIVILIAN EDUCATION:

HIGH SCHOOL, COLLEGE and/or PROFESSIONAL SCHOOL	ATTENDED		DEGREE		MAJOR / MINOR
Name and Location	FROM	TO	TITLE	DATE	FIELD OF STUDY

CIVILIAN OCCUPATION:

Employer :		
Address:		
City, State Zip:		
Contact Name:		Phone:
Job Title:		

CIVILIAN QUALIFICATIONS:

Personal Qualifications or Certifications:	☐ MD ☐ DDS ☐ DO ☐ PA ☐ NP ☐ RN / LPN ☐ EMT/Paramedic	☐ Firefighter ☐ Search & Rescue ☐ Chaplain / Clergy ☐ Police Officer ☐ Corrections Officer ☐ Attorney ☐ Judge	☐ Civil Engineer ☐ Translator ☐ Welder MIG/TIG ☐ Diesel Mechanic ☐ Eng Mechanic ☐ Boat Coxswain ☐ Ferry Pilot	☐ CDL (amplify) ☐ Other (amplify)

MILITARY QUALIFICATIONS: (List all current military qualifications held)

MOS, NOBC, NEC, Designator		MOS, NOBC, NEC, Designator	
Code	Title	Code	Title

FOREIGN LANGUAGE FLUENCY:

FOREIGN LANGUAGE	LANGUAGE PROFICIENCY SOURCE CODE	PROFICIENCY RATING			
		COMPREHEND	SPEAK	READ	WRITE
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐

LANGUAGE PROFICIENCY SOURCE CODE & DESCRIPTION			
A	CIVILIAN SCHOOL COURSE	D	HOME ENVIRONMENT
B	DEFENSE LANGUAGE INSTITUTE (DLI)	E	MILITARY SCHOOL (OTHER THAN DLI)
C	FOREIGN RESIDENCE	F	SELF STUDY

OTHER RELEVANT INFORMATION:

Signature:	Date:

1. This form will assist the New York Naval Militia in determining various skill 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 on this form will be maintained in the New York Naval Militia database, and in the member's service record at headquarters.

Submit by Email Print Form