

DIVISION OF MILITARY AND NAVAL AFFAIRS

Application to Perform State Active Duty (SAD)

Announcement number	Position					
Last name	First name				MI	
Home Address						
City	State		Zip code			
Home phone						
Email address	Last 4 of Social Security number					
Mailing address (if different from home address)						
Rank/pay grade	Date of Rank		Army	Air Force	Naval Militia	NYG
Current status	SAD	AGR	Tech	ADOS	Drill status guardsman (DSG)/M-Day	
PEBD/pay date*	*date of initial service entry					
Flight pay	Y	N	Aviation Service Entry Date (ASED)			
EDPI/DOD# *found on back of ID card	Security clearance type					
Military unit of assignment (MDay)						
Military unit supervisor	Military unit phone					
MOS/AFSC	MOS/AFSC description					
Do you have any current NYS or Federal medical line of duty determination actions pending?					Y	N
Are you currently on a medical profile or are you undergoing a medical board? *If yes, be prepared to explain during interview process					Y	N
Are you worldwide deployable? If no or N/A, explain	Y	N	N/A			

Do you have a valid drivers license?	Y	N	State of issue	DL #
Have you ever worked on SAD before?	Y	N	If yes, when?	
Are you available to work flexible schedules/hours to include weekends, nights, and holidays?				Y N
Are you currently employed?	Y	N	Dates of employment	

Employer name and job title:

Supervisor name and phone number:

May we contact your current employer?	Y	N
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List specific skills you believe you could contribute to the SAD mission:
 Include industry specific certifications and relevant education.

Have you ever been convicted of a misdemeanor or a felony?	Y	N
Are you now facing legal action for any offense or violation?	Y	N
Do you have any orders of protection against you?	Y	N
Do you have any pending or adjudicated (past) domestic violence convictions?	Y	N
Have you ever been denied a security clearance?	Y	N
Have you ever been denied a handgun permit?	Y	N
Have you at any time in your military career tested positive for any illegal drugs or misuse of legal drugs?	Y	N
Have you ever received any non-judicial punishment (NJP)?	Y	N
Is your military record flagged for any reason?	Y	N

*If the answer is yes to any of the above questions, be prepared to explain and show documentation during interview process.

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 an enduring 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.

You must sign and initial this application where applicable. Carefully read the following before you sign.

I understand that Full Time State Active Duty personnel are required to attend unit scheduled IDT/UTA/RSD's and annual training with their assigned National Guard unit. (Applicant's initials: _____)

I understand that if selected for assignment to a SAD mission, I may be required to undergo a background investigation. (Applicant's initials: _____)

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 a SAD mission and the record will be maintained on file in accordance with any applicable statutes. I am aware of all information contained herein is subject to verification by DMNA.

Signature of Applicant

Date

ADMINISTRATIVE USE ONLY:

Reviewed by: (Signature)

SM Start Date

Print Name

Date