

NEW YORK COUNTERDRUG TASK FORCE
Application for Full Time National Guard Duty - Counterdrug

Announcement Number

Position

Last Name _____ First Name _____ MI _____

Present Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Rank _____ Army/Air Force (circle one) SSN _____

Unit of Assignment _____ Section _____

Unit Location (City) _____ Unit Phone _____

Primary MOS/AFSC _____ MOS/AFSC Description _____

Security Clearance Type/Date _____ PEBD _____ ETS Date _____

Receiving VA Disability: YES / NO (circle one) Open LOD: YES / NO (circle one)

Date and Location of Most Recent Military Physical Examination _____

Total Years of Active Federal Service _____ Current Status: ___ AGR ___ Tech ___ ADSW ___ M-day

Have you ever worked for CD before? YES / NO (circle one) If Yes, When: _____

You must sign this application. Read the following carefully before you sign.

Personnel Data Privacy Act of 1974 (5 USC 552). This information is used to determine the qualification of persons applying to voluntarily participate on the Counterdrug Task Force (CDTF). Disclosure is voluntary, however, failure to disclose the requested information may result in the application being rejected.

Full Time National Guard Duty – Counterdrug (FTNGD-CD) personnel are required to attend unit scheduled IDT's/UTA's and 15 days of Annual Training with their assigned National Guard unit. (Applicants initials _____)

I understand and agree that any information provided by me may be investigated as allowed by law. I certify by my signature that to the best of my knowledge and belief, all of the information on this application is true and complete. I understand that if selected for employment with the CDTF, I will participate in a drug testing program and undergo a background investigation. Some assignments also require additional background checks. I understand any false statements made on this application could lead to non-selection or dismissal from the CDTF.

Signature of Applicant

Date

High School Graduate or GED/Diploma received Y N Year _____

Highest Military Education/School Completed _____ Year _____

Names of Colleges or Technical Schools: _____

1. _____ Year _____ Graduate Y N

Course/Subjects of Study _____

2. _____ Year _____ Graduate Y N

Course/Subjects of Study _____

1. Are you available to work flexible schedules/hours (to include weekends, nights, and TDY travel) Y N
If no, explain _____

2. Fluent in other languages? Y N If yes, which one(s): _____

3. Have you ever been convicted of, or plea bargained any crime, offense or violation? Y N If yes, please
explain _____

4. Are you now facing legal action for any offense or violation? Y N If yes, please explain _____

5. Are you a US Citizen Y N If you are not a US Citizen, please provide the following.

Place you entered the United States _____

Country of Citizenship _____

Alien Registration Number _____

EMPLOYMENT HISTORY (List most recent employer first)

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

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Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

Employer: _____ May we contact? _____ Phone: _____

Address: _____

Dates of Employment _____ to _____ Job Title: _____

Duties Performed: _____

KNOWLEDGE, SKILLS, AND ABILITIES:

1. Describe any experience with law enforcement, schools, communities, and/or other organizations.

2. Describe your administrative skills (typing, computers, software used, etc.).

3. Describe your technical skills (mechanical, electronic, etc.) Include any certificates and/or licenses.

4. Describe any other knowledge, skills, and abilities which would be of benefit to the CDTF .

Commander's Recommendation for Employment with the New York Counterdrug Task Force (CDTF)

1. Please take the time to thoroughly evaluate the following individual for entry on Full Time National Guard Duty Counterdrug, Title 32 service or continued service with the Counterdrug Task Force.

Name	Rank	Unit	Unit Phone #
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2. Personnel on duty with the CDTF are held to high standards based on program requirements and internal policies. Service members must meet physical fitness and weight control standards, have no disciplinary flags (or unfavorable information file) and receive the unreserved recommendation of their unit commander. Please personally certify the following requirements individually:

a. Fitness Test in the past 12 months - Fitness Test Date: _____ Score: _____ Circle: Pass / Fail

If test not accomplished, provide an explanation: _____

Certifying Initials _____

b. Service member does / does not (circle one) have negative disciplinary actions pending. Certifying Initials _____

c. Service member's current ETS date is _____.

3. Personnel employed by the CDTF are **required** to attend 15 days of annual training and all unit training assemblies each year. Personnel who fail to maintain satisfactory attendance should be immediately reported to the CDTF. Only the individual's **commander or higher authority** is authorized to endorse this form.

4. Requests for additional annual training days are not automatic and are limited to exceptional cases. Detailed coordination between the unit commander and the CDTF must be done well in advance.

5. Extended active duty (EAD) is a privilege not a right. By endorsing below, you are verifying that the individual is a member in good standing of your unit and consistently participates in drills and annual training. You are giving the member your personal recommendation for extended active duty. Due to the high visibility and the unique mission of the CDTF we strive to ensure the highest caliber of soldiers and airmen are employed to represent the Arizona National Guard.

___ I recommend this member for CDTF

___ I do not recommend this member for CDTF

5. The point of contact regarding this issue is the CDTF Personnel Office at 518-786-3479.

Authorized Signature

Printed Name, Title and Rank

Date

Phone number