

APPLICATION FOR ACTIVE GUARD/RESERVE (AGR) POSITION

PRIVACY ACT STATEMENT

1. Authority: 32 USC 502(f), NGR 600-5 and AR 135-18.
2. Principal Purpose(s): To provide information for use in determining eligibility/qualifications for AGR positions.
3. Routine Uses: To determine applicant's eligibility for AGR position assignment or reassignment. Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you seek. The SSN is used as an identifier throughout your Military career from the time of application through retirement. The information gathered through the use of the SSN will be used only as necessary in personnel administration processes carried out in accordance with established regulations of systems of records.
4. Effect on Individual's Not Providing Information: Individuals not providing information will not receive an appropriate evaluation for assignment or reassignment and cannot be given consideration for vacancies.

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|---|-------------|--------------------------------------|----------------------|---|-------------------------|
| RESPONSE TO POSITION ANNOUNCEMENT #: | | POSITION TITLE: | | | |
| NAME (Last, First, Middle) | | SSN | DATE OF BIRTH | | PLACE OF BIRTH |
| CURRENT STREET ADDRESS | CITY | STATE | ZIP CODE | HOME TELEPHONE | OFFICE TELEPHONE |
| SECURITY CLEARANCE | | GRADE/BRANCH | | SSI/MOS | |
| DATE OF FED RECOG (Officer) | | DATE OF ENLISTMENT (Enlisted) | | ROPA ELIMINATION DATE (Off) ETS(EnI) | |

I. EDUCATION AND SPECIAL QUALIFICATIONS

1. HIGH SCHOOL

| | | | | | |
|--|--|---|--|------------|-----------|
| NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED | | DID YOU GRADUATE FROM HIGH SCHOOL? | | YES | NO |
| IF YES, WHAT YEAR? IF NO, HIGHEST GRADE COMPLETED | | DO YOU HAVE A GED CERTIFICATE? | | YES | NO |

2.. COLLEGE OR UNIVERSITY

| NAME OF LOCATION OF COLLEGE OR UNIVERSITY ATTENDED | DATES ATTENDED | | NO. CREDIT HOURS | | TYPE DEGREE |
|--|----------------|----|------------------|---------|-------------|
| | FROM | TO | SEMESTER | QUARTER | |
| | | | | | |
| | | | | | |

| CHIEF UNDERGRADUATE SUBJECTS | NO. CREDIT HOURS | | CHIEF GRADUATE SUBJECTS | NO. CREDIT HOURS | |
|------------------------------|------------------|---------|-------------------------|------------------|---------|
| | SEMESTER | QUARTER | | SEMESTER | QUARTER |
| | | | | | |
| | | | | | |

3. OTHER SCHOOLS OR TRAINING (Vocational, Trade, or Business)

| NAME AND LOCATION OF SCHOOL | TYPE OF COURSE | NO. HOURS PER WEEK | FROM | TO |
|-----------------------------|----------------|--------------------|------|----|
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4. SKILLS AND QUALIFICATIONS

Special skills and qualifications with office machines, (typing and shorthand speed), wheel and track vehicles, aircraft, etc. (Also list any licenses or certificates held (Pilot, Nurse).

II. EMPLOYMENT HISTORY

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? (A "NO" answer will not affect your consideration for employment.)

1. CURRENT OR MOST RECENT EMPLOYMENT

| | | | |
|-------------------------------------|--|----------------------|---------------------------------------|
| NAME AND ADDRESS OF EMPLOYER | DATES EMPLOYED | | AVERAGE HRS. PER WEEK |
| | FROM | TO | |
| | BEGINNING SALARY | ENDING SALARY | |
| TITLE OR POSITION | IMMEDIATE SUPERVISOR & TELEPHONE NUMBER | | NO. OF EMPLOYEES YOU SUPERVISE |
| KIND OF BUSINESS | YOUR REASONS FOR LEAVING | | |

DESCRIPTION OF WORK (Describe your specific duties, responsibilities, and accomplishments)

Remarks Section)

II. EMPLOYMENT HISTORY (Continued)

2. OTHER EMPLOYMENT

| | | | |
|---|---|----------------------------------|-----------------------|
| NAME AND ADDRESS OF EMPLOYER Horticulture Services, Incorporated | DATES EMPLOYED FROM TO | BEGINNING SALARY ENDING SALARY | AVERAGE HRS. PER WEEK |
| TITLE OR POSITION KIND OF BUSINESS | IMMEDIATE SUPERVISOR & TELEPHONE NUMBER YOUR REASONS FOR LEAVING | NO. OF EMPLOYEES YOU SUPERVISE | |

DESCRIPTION OF WORK (Describe your specific duties, responsibilities, and accomplishments)

III. MILITARY HISTORY

1. MILITARY SERVICE (Start with earliest service. Show changes in grade and duty in chronological order.)

| FROM | TO | (Check appropriate) | | | | GRADE | ORGANIZATION | DUTY |
|------|----|---------------------|-----|----|------|-------|--------------|------|
| | | AD | AGR | NG | USAR | | | |
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2. MILITARY TRAINING

| FORMAL SERVICE SCHOOL TRAINING | | | | CORRESPONDENCE COURSES | |
|--------------------------------|--------------------|------|-------------------------|------------------------|--|
| COURSE TITLE AND NUMBER | DURATION OF COURSE | | COURSE/SUB COURSE TITLE | COURSE HOURS | |
| | WEEKS | DAYS | | | |
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3. MILITARY QUALIFICATIONS List any MOS/SSI/AFSC which has been awarded on orders as primary.

| MOS/SSI/AFSC | DATE AWARDED | INDICATE HOW QUALIFICATION WAS OBTAINED (Service School, On-the-job Training, Civilian Experience, etc.) |
|--------------|--------------|--|
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4. INDICATE ANY OJT/OJE WHICH IS QUALIFYING FOR AN MOS/SSI/AFSC WHICH HAS NOT YET BEEN AWARDED ON ORDERS.

| DUTY MOS/SSI/AFSC | EXACT TITLE OF POSITION | FROM | TO |
|-------------------|-------------------------|------|----|
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VI. REMARKS AND CONTINUATIONS

VII. CERTIFICATION AND AUTHORITY FOR RELEASE OF INFORMATION

I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation. I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies to Personnel Specialists for that purpose. I also understand that a false answer to any question in this application may be grounds for not being employed, or for being released after I begin work.

I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith.

SIGNATURE

DATE

