Counterdrug Joint Task Force Application Packet

A Guide for Completing Your Forms

COUNTERDRUG JOINT TASK FORCE
Pennsylvania National Guard
EST. 1989

NORTHEAST COUNTERDRUG TRAINING CENTER
PENNSYLVANIA
NATIONAL GUARD

Checklist of Forms

Army & Air Force:

1. Cover Letter (Approval Checklist)
2. CD Form 2 – Personnel Profile Sheet
3. DD 369 Police Records Check
4. NGB 34-1 Application
5. Resume with 3 References

Army ONLY:

1. DA 1058-R
2. ARNG 1058-1R
3. Individual Medical Record Printout
4. ACFT Scorecard (Last 2)
5. JPAS
6. RPAM Statement
7. Last 3 OERs/NCOERs

Air Force ONLY:

1. Point Credit Summary
2. Current Duty Info
3. PT Results (Last 2)
4. Individual Medical Status Printout

Cover Letter

To Complete:

1. Review/Complete Items 1-15. Fill in any applicable information or mark N/A if not applicable.

FTNGD-OS/CD ORDERS >29 DAYS
COVER LETTER (APPROVAL CHECKLIST)

-***Service member (SM)*** reviews and completes items 1-15.
-***Employing organization S1*** validates and submits complete packet as a single PDF document to CJTF distro via Website. Alternate Methods: Email *c-apeffley@pa.gov, c-sesulliv@pa.gov*
-***CDO representative*** will validate submitted packets, set up interviews, and send selected applications to CDC for approve/disapprove.

1. SM Rank and First & Last Name: _____

2. Position Title: _____ **and Tour Request for FY____**

3. ETS/MRD: _____
Cannot be within 6 months of FTNGD-OS start date, unless waived by TAG.

4. Flagged: ___YES or ___ NO
SM cannot be under a suspension of favorable personnel actions.

5. Full-time Federal Employee (T5/T32): ____YES or ____NO
If yes, attach a copy of FTNGD-OS Request Form.
FTNGD-OS Request Form must be completely filled out and signed prior to approval.

6. Information Brief. SM reviews & signs, SM's MSC AO/alternate representative signs authorizing SM to perform orders >29 days, and employing organization representative signs validating packet, tour dates, and funding.

7. (ARMY only) DA Form 1058, Application for Operational Support. SM and unit complete (retained in OMPF). Accurate completion of block 19a. is required.
-SM signs block 20.
-Commander signs block 32b.
-Records Custodian (Unit Administrator) signs block 33b verifying SM is medically fit, all admin data is correct, and the commander signed the form.

7a. (ARMY only) ARNG Form 1058-1, Approval Authority Determination. Only required for NGB Waivers (OS required for >18 years AFS/sanctuary or Separation Pay/31-day break).

8. NGB 23B, RPAS or Cedit Points Summary. SM verifies all service time is accurate. Confirming total active service (AS).

9. Orders Query (w/entire history). Last 31 day break: _____ (last day of break w/no orders to include, AT, MOB, Schools, etc.). Attach memo w/planned 31 day break if over 4 continuous years of AS. Required break prior to 5 years AS.

10. Individual Medical Record (IMR). SM meets retention standards of Chapter 3, AR 40-501:
- **a.** PHA within 12 months of order start date _____ (date of last PHA)
- **b.** HIV within 2 years of order start date _____ (date of last HIV)
- **c.** Medical Readiness Code (MRC) _____ (1-4)
- **d.** Permanent profiles with a 3 or 4 in PULHES must be adjudicated by either the MAR2 process or PDE the _____ (PULHES). Attach current permanent 3/4 DA 3349s, Physical Profiles, if applicable. SMs on temporary profile are not eligible for orders >29 days.
- **e.** SM will inform his/her employing organization S1 immediately if a medical condition arises and contact the MSC Case Management team to address/document medical issues.

11. DA form 705 w/ HT & WT. SM has passing record ACFT or PFT and HT/WT within 6 months of order start date. _____ACFT/PFT Date. _____HT/WT Date (ARMY ONLY).

12. Security Clearance Verification. _____Date verified.

13. DD 369, Police Record Check.

14. DA 1506, Statement of Service. Only if applicable to determine active duty history, if no Orders Query and NGB 23B.

15. DA 5960 or AF 594 Authorization for BAH. Submitted by the unit/HRF/RRB/RTI/CD w/first pay

Application Reviewed:_____ **Complete:**___ **Incomplete:**___

CDC APPROVAL ONLY: __ Approved __ Not Approved
Name, Signature, & Date: _____

30 November 2022

COUNTERDRUG JOINT TASK FORCE
Pennsylvania National Guard

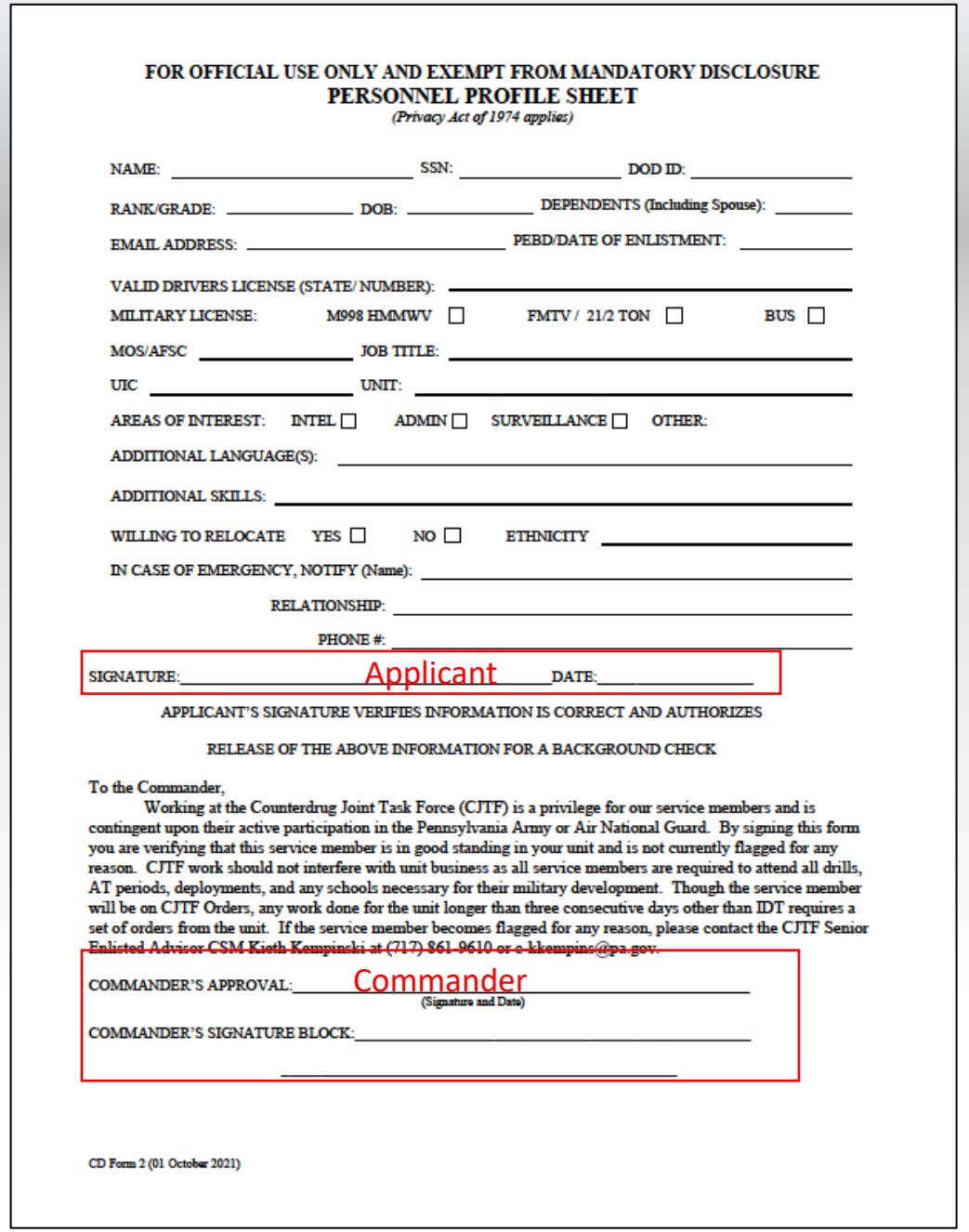
CD Form 2

To Complete:

1. Fill out top section of form
2. Sign as the applicant in the first signature block
3. Commander signs at bottom

Note:

It may take some time for receiving your commander's signature. If you have not received a signed CD Form 2 by the Closing Date, contact the CJTF POC to notify of CD Form 2 status and you will still be considered. Submit all forms that you can complete without outside assistance. ***All Forms*** (to include this one) must be turned in prior to the interview date for you to receive an interview.



FOR OFFICIAL USE ONLY AND EXEMPT FROM MANDATORY DISCLOSURE

PERSONNEL PROFILE SHEET

(Privacy Act of 1974 applies)

NAME: _____ SSN: _____ DOD ID: _____

RANK/GRADE: _____ DOB: _____ DEPENDENTS (Including Spouse): _____

EMAIL ADDRESS: _____ PEBD/DATE OF ENLISTMENT: _____

VALID DRIVERS LICENSE (STATE/ NUMBER): _____

MILITARY LICENSE: M998 HMMWV ☐ FMTV / 21/2 TON ☐ BUS ☐

MOS/AFSC _____ JOB TITLE: _____

UIC _____ UNIT: _____

AREAS OF INTEREST: INTEL ☐ ADMIN ☐ SURVEILLANCE ☐ OTHER:

ADDITIONAL LANGUAGE(S): _____

ADDITIONAL SKILLS: _____

WILLING TO RELOCATE YES ☐ NO ☐ ETHNICITY _____

IN CASE OF EMERGENCY, NOTIFY (Name): _____

RELATIONSHIP: _____

PHONE #: _____

SIGNATURE: _____ Applicant DATE: _____

APPLICANT'S SIGNATURE VERIFIES INFORMATION IS CORRECT AND AUTHORIZES

RELEASE OF THE ABOVE INFORMATION FOR A BACKGROUND CHECK

To the Commander,

Working at the Counterdrug Joint Task Force (CJTF) is a privilege for our service members and is contingent upon their active participation in the Pennsylvania Army or Air National Guard. By signing this form you are verifying that this service member is in good standing in your unit and is not currently flagged for any reason. CJTF work should not interfere with unit business as all service members are required to attend all drills, AT periods, deployments, and any schools necessary for their military development. Though the service member will be on CJTF Orders, any work done for the unit longer than three consecutive days other than IDT requires a set of orders from the unit. If the service member becomes flagged for any reason, please contact the CJTF Senior Enlisted Advisor CSM Kieth Kempinski at (717) 861-9610 or e-kkempins@pa.gov.

COMMANDER'S APPROVAL: _____ Commander
(Signature and Date)

COMMANDER'S SIGNATURE BLOCK: _____

_____

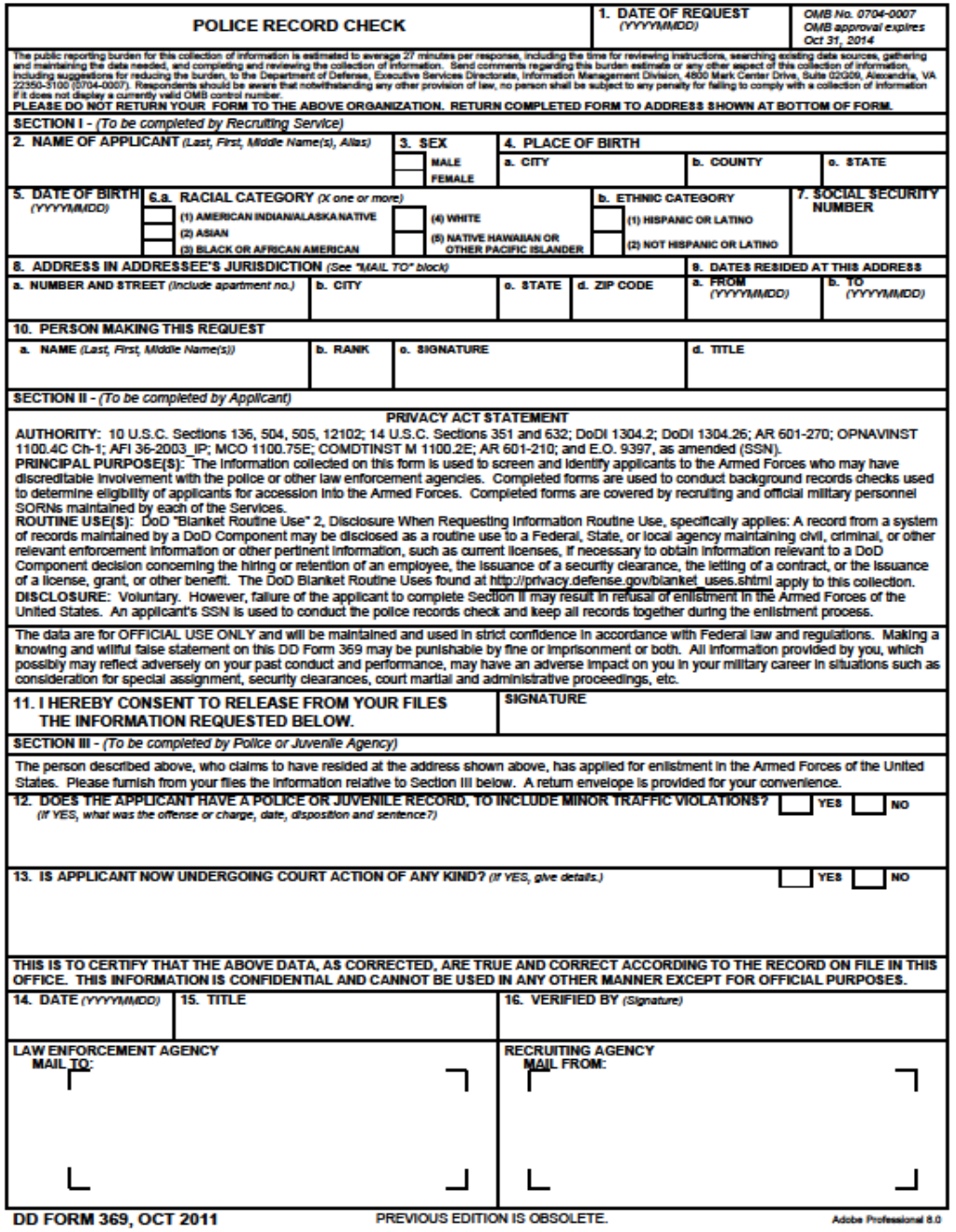
CD Form 2 (01 October 2021)

DD 369

To Complete:

1. Complete Blocks 1-9 (All Parts)
2. Sign Block 11

CJTF signs & completes Block 10 and sends for completion of Section III, there is nothing needed by the applicant after the first two steps are complete.



POLICE RECORD CHECK | 1. DATE OF REQUEST (YYYYMMDD) | OMB No. 0704-0007, OMB approval expires Oct 31, 2014

The public reporting burden for this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Suite 02G09, Alexandria, VA 22350-3100 (0704-0007). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.

SECTION I - *(To be completed by Recruiting Service)*

2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias) | 3. SEX: MALE, FEMALE | 4. PLACE OF BIRTH: a. CITY, b. COUNTY, c. STATE

5. DATE OF BIRTH (YYYYMMDD) | 6.a. RACIAL CATEGORY (X one or more): (1) AMERICAN INDIAN/ALASKA NATIVE, (2) ASIAN, (3) BLACK OR AFRICAN AMERICAN, (4) WHITE, (5) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | b. ETHNIC CATEGORY: (1) HISPANIC OR LATINO, (2) NOT HISPANIC OR LATINO | 7. SOCIAL SECURITY NUMBER

8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block) | 9. DATES RESIDED AT THIS ADDRESS

a. NUMBER AND STREET (Include apartment no.) | b. CITY | c. STATE | d. ZIP CODE | a. FROM (YYYYMMDD) | b. TO (YYYYMMDD)

10. PERSON MAKING THIS REQUEST

a. NAME (Last, First, Middle Name(s)) | b. RANK | c. SIGNATURE | d. TITLE

SECTION II - *(To be completed by Applicant)*

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Sections 136, 504, 505, 12102; 14 U.S.C. Sections 351 and 632; DoDI 1304.2; DoDI 1304.26; AR 601-270; OPNAVINST 1100.4C Ch-1; AFI 36-2003_IP; MCO 1100.75E; COMDTINST M 1100.2E; AR 601-210; and E.O. 9397, as amended (SSN).
PRINCIPAL PURPOSE(S): The information collected on this form is used to screen and identify applicants to the Armed Forces who may have discreditable involvement with the police or other law enforcement agencies. Completed forms are used to conduct background records checks used to determine eligibility of applicants for accession into the Armed Forces. Completed forms are covered by recruiting and official military personnel SORNs maintained by each of the Services.
ROUTINE USE(S): DoD "Blanket Routine Use" 2, Disclosure When Requesting Information Routine Use, specifically applies: A record from a system of records maintained by a DoD Component may be disclosed as a routine use to a Federal, State, or local agency maintaining civil, criminal, or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to a DoD Component decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant, or other benefit. The DoD Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection.
DISCLOSURE: Voluntary. However, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States. An applicant's SSN is used to conduct the police records check and keep all records together during the enlistment process.

The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Making a knowing and willful false statement on this DD Form 369 may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignment, security clearances, court martial and administrative proceedings, etc.

11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW. | SIGNATURE

SECTION III - *(To be completed by Police or Juvenile Agency)*

The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.

12. DOES THE APPLICANT HAVE A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? YES NO
(If YES, what was the offense or charge, date, disposition and sentence?)

13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? *(If YES, give details.)* YES NO

THIS IS TO CERTIFY THAT THE ABOVE DATA, AS CORRECTED, ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.

14. DATE (YYYYMMDD) | 15. TITLE | 16. VERIFIED BY (Signature)

LAW ENFORCEMENT AGENCY MAIL TO: | RECRUITING AGENCY MAIL FROM:

DD FORM 369, OCT 2011 | PREVIOUS EDITION IS OBSOLETE. | Adobe Professional 8.0

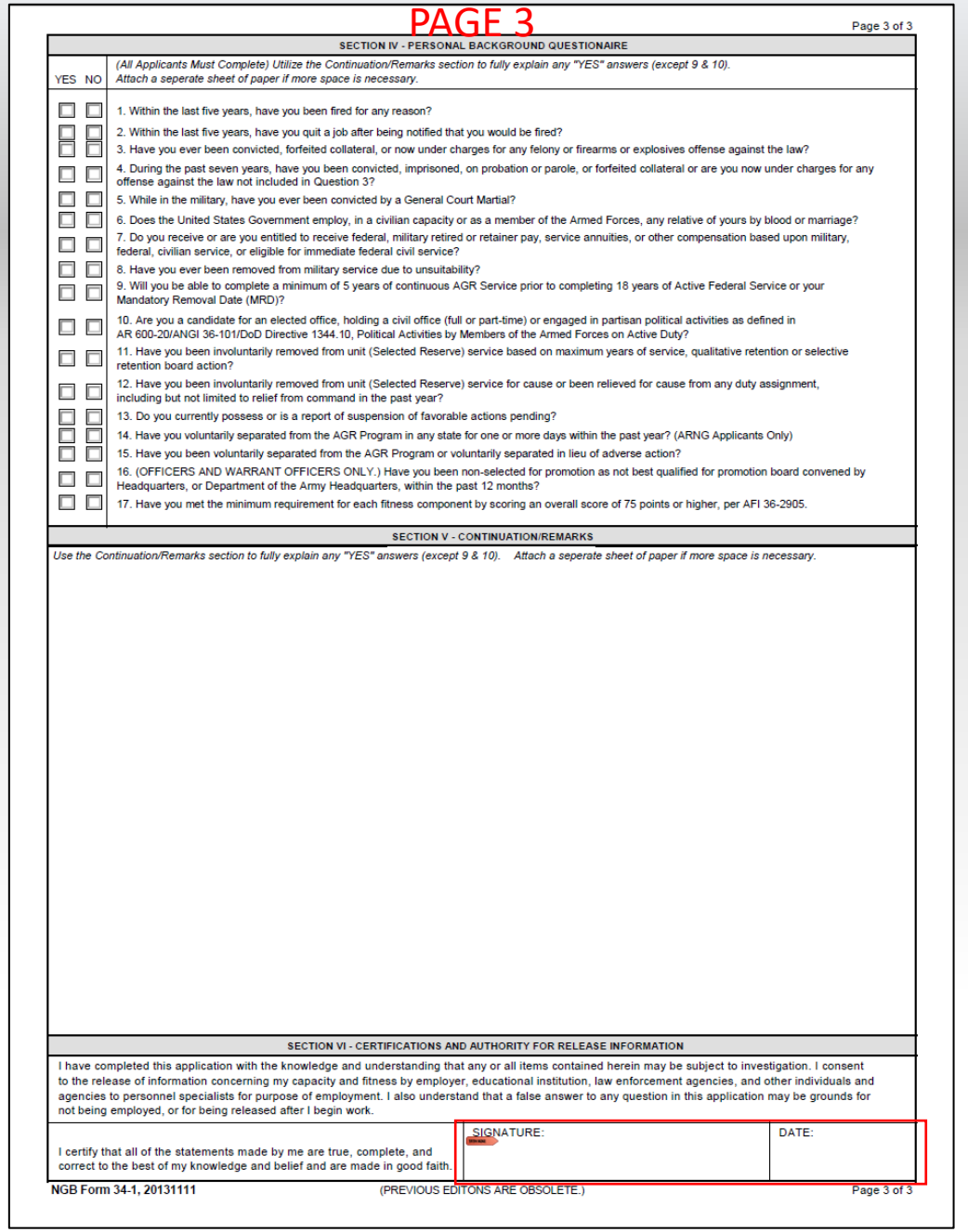
NGB 34-1

To Complete:

1. Follow the directions on the form and complete all Sections
2. Sign Page 3

Resume with 3 References

Please include references at the end of the resume



PAGE 3

Page 3 of 3

SECTION IV - PERSONAL BACKGROUND QUESTIONAIRE

YES	NO	*(All Applicants Must Complete) Utilize the Continuation/Remarks section to fully explain any "YES" answers (except 9 & 10). Attach a seperate sheet of paper if more space is necessary.*
☐	☐	1. Within the last five years, have you been fired for any reason?
☐	☐	2. Within the last five years, have you quit a job after being notified that you would be fired?
☐	☐	3. Have you ever been convicted, forfeited collateral, or now under charges for any felony or firearms or explosives offense against the law?
☐	☐	4. During the past seven years, have you been convicted, imprisoned, on probation or parole, or forfeited collateral or are you now under charges for any offense against the law not included in Question 3?
☐	☐	5. While in the military, have you ever been convicted by a General Court Martial?
☐	☐	6. Does the United States Government employ, in a civilian capacity or as a member of the Armed Forces, any relative of yours by blood or marriage?
☐	☐	7. Do you receive or are you entitled to receive federal, military retired or retainer pay, service annuities, or other compensation based upon military, federal, civilian service, or eligible for immediate federal civil service?
☐	☐	8. Have you ever been removed from military service due to unsuitability?
☐	☐	9. Will you be able to complete a minimum of 5 years of continuous AGR Service prior to completing 18 years of Active Federal Service or your Mandatory Removal Date (MRD)?
☐	☐	10. Are you a candidate for an elected office, holding a civil office (full or part-time) or engaged in partisan political activities as defined in AR 600-20/ANGI 36-101/DoD Directive 1344.10, Political Activities by Members of the Armed Forces on Active Duty?
☐	☐	11. Have you been involuntarily removed from unit (Selected Reserve) service based on maximum years of service, qualitative retention or selective retention board action?
☐	☐	12. Have you been involuntarily removed from unit (Selected Reserve) service for cause or been relieved for cause from any duty assignment, including but not limited to relief from command in the past year?
☐	☐	13. Do you currently possess or is a report of suspension of favorable actions pending?
☐	☐	14. Have you voluntarily separated from the AGR Program in any state for one or more days within the past year? (ARNG Applicants Only)
☐	☐	15. Have you been voluntarily separated from the AGR Program or voluntarily separated in lieu of adverse action?
☐	☐	16. (OFFICERS AND WARRANT OFFICERS ONLY.) Have you been non-selected for promotion as not best qualified for promotion board convened by Headquarters, or Department of the Army Headquarters, within the past 12 months?
☐	☐	17. Have you met the minimum requirement for each fitness component by scoring an overall score of 75 points or higher, per AFI 36-2905.

SECTION V - CONTINUATION/REMARKS

Use the Continuation/Remarks section to fully explain any "YES" answers (except 9 & 10). Attach a seperate sheet of paper if more space is necessary.

SECTION VI - CERTIFICATIONS AND AUTHORITY FOR RELEASE 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 employer, educational institution, law enforcement agencies, and other individuals and agencies to personnel specialists for purpose of employment. 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 of 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:

NGB Form 34-1, 20131111 (PREVIOUS EDITONS ARE OBSOLETE.) Page 3 of 3

COUNTERDRUG JOINT TASK FORCE
Pennsylvania National Guard

DA 1058-R

To Complete:

1. Complete Part I - Applicant
2. **Sign Block 23**
3. Records Custodian completes Part II and gets Unit Commander's Signature

Note:

- It may take time receiving a completed form from your unit. If you have not received a completed form by the Closing Date, contact the CJTF POC to notify of status. Submit all forms that you can complete without outside assistance. ***All Forms*** (to include this one) must be turned in prior to the interview date for you to receive an interview.

- ***CJTF uses the 1058-R***, not the 1058, for applications

23. REMARKS

I understand that although at the completion of my tour I may be within 2 years of qualifying for an active duty retirement under 10 USC 1293, 3911, or 3914, it is current Army policy that I will be released from active duty at the completion of my tour unless continued retention on active duty is considered in the best interest of the Army by the Assistant Secretary of the Army *(Manpower and Reserve Affairs)*. I hereby consent to my release from active duty at the completion of this tour.

MUST BE SIGNED

(Signature of applicant)

MUST BE COMPLETED — **PART II - RECORDS CUSTODIAN**

24. PAY ENTRY BASIC DATE	25. SECURITY CLEARANCE	26. PROMOTION CONSIDERATION CODE	27. DATE OF RANK
28. RYE DATE	29. ETS *(Enlisted)*	30. MANDATORY REMOVAL DATE *(Officers)*	31. UIC
32. HIV TEST DATE	33. PANOGRAPHIC DENTAL X-RAY ON FILE ☐ YES ☐ NO		

34. List all previous AD, TTAD, AT, ADT, IADT, and ADSW in the previous and current fiscal year showing inclusive dates, purpose of tours, and HQ or agency to which attached.

a. PERIOD OF TRAINING/DUTY FROM	TO	NO. DAYS	b. TYPE TRAINING/ DUTY *(AD, TTAD, etc.)*	c. LOCATION/ INSTALLATION	d. DUTY PERFORMED

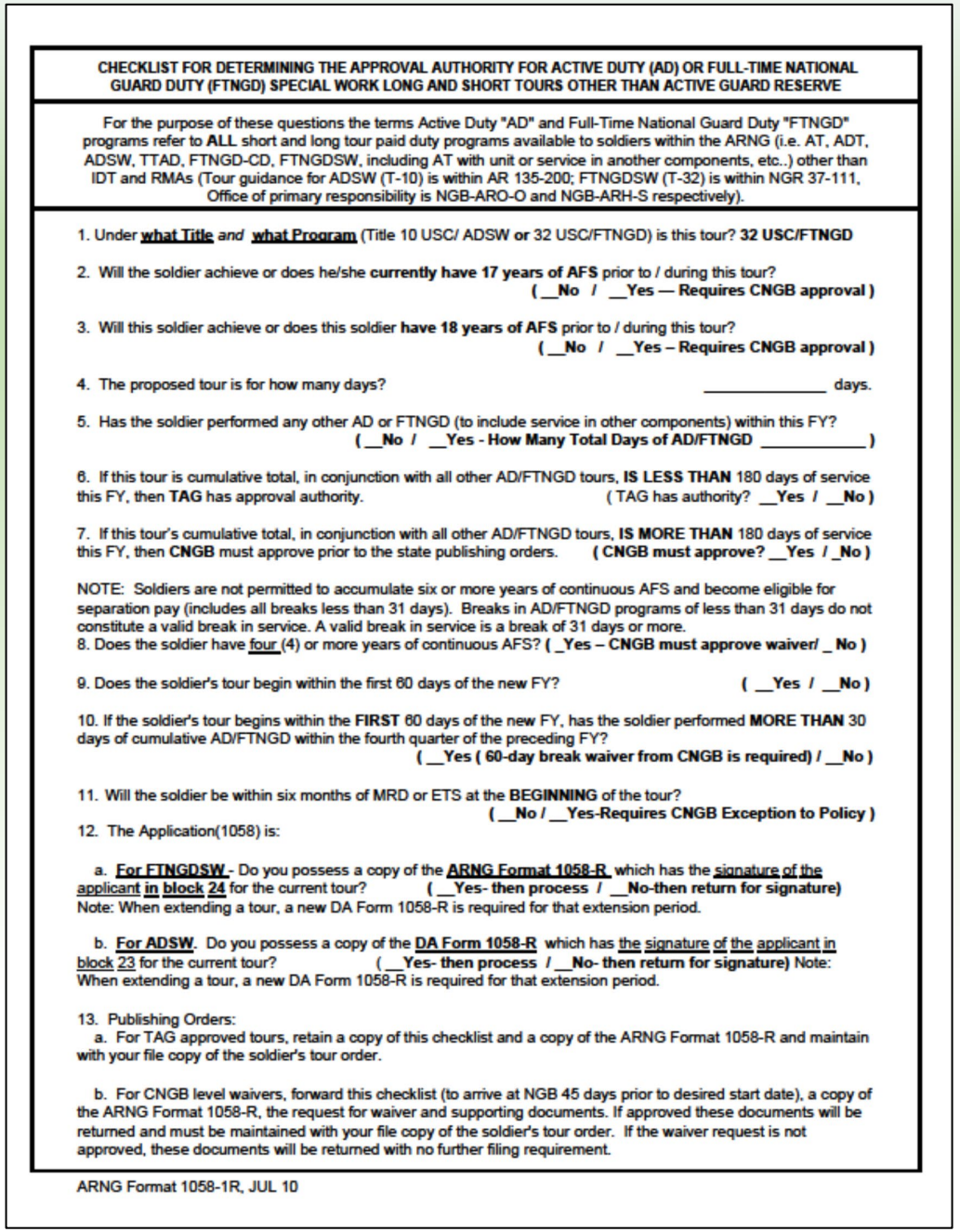
e. SIGNATURE OF UNIT COMMANDER COMMANDER MUST SIGN	f. DATE MUST BE DATED
35a. NAME OF RECORDS CUSTODIAN *(Last, First, MI)* NAME OF UNIT RECORDS CUSTODIAN	b. GRADE RANK OR GRADE OF RECORDS CUSTODIAN
c. SIGNATURE SIGNATURE OF RECORDS CUSTODIAN	d. DATE MUST BE DATED

REVERSE, DA FORM 1058-R, JUL 2010 APD PE v1.00ES

ARNG 1058-1R

To Complete:

1. Answer items 2-12, note that Block 12 you need to answer to (b) which references the top of page 3 that you signed on the DA 1058-R (see last slide, **#2**)



CHECKLIST FOR DETERMINING THE APPROVAL AUTHORITY FOR ACTIVE DUTY (AD) OR FULL-TIME NATIONAL GUARD DUTY (FTNGD) SPECIAL WORK LONG AND SHORT TOURS OTHER THAN ACTIVE GUARD RESERVE

For the purpose of these questions the terms Active Duty "AD" and Full-Time National Guard Duty "FTNGD" programs refer to **ALL** short and long tour paid duty programs available to soldiers within the ARNG (i.e. AT, ADT, ADSW, TTAD, FTNGD-CD, FTNGDSW, including AT with unit or service in another components, etc..) other than IDT and RMAs (Tour guidance for ADSW (T-10) is within AR 135-200; FTNGDSW (T-32) is within NGR 37-111, Office of primary responsibility is NGB-ARO-O and NGB-ARH-S respectively).

1. Under **what Title** *and* **what Program** (Title 10 USC/ ADSW **or** 32 USC/FTNGD) is this tour? **32 USC/FTNGD**

2. Will the soldier achieve or does he/she **currently have 17 years of AFS** prior to / during this tour?
(__No / __Yes — Requires CNGB approval)

3. Will this soldier achieve or does this soldier **have 18 years of AFS** prior to / during this tour?
(__No / __Yes – Requires CNGB approval)

4. The proposed tour is for how many days? _____ days.

5. Has the soldier performed any other AD or FTNGD (to include service in other components) within this FY?
(__No / __Yes - How Many Total Days of AD/FTNGD _____)

6. If this tour is cumulative total, in conjunction with all other AD/FTNGD tours, **IS LESS THAN** 180 days of service this FY, then **TAG** has approval authority. (TAG has authority? **__Yes / __No)**

7. If this tour's cumulative total, in conjunction with all other AD/FTNGD tours, **IS MORE THAN** 180 days of service this FY, then **CNGB** must approve prior to the state publishing orders. **(CNGB must approve? __Yes / _No)**

NOTE: Soldiers are not permitted to accumulate six or more years of continuous AFS and become eligible for separation pay (includes all breaks less than 31 days). Breaks in AD/FTNGD programs of less than 31 days do not constitute a valid break in service. A valid break in service is a break of 31 days or more.
8. Does the soldier have four (4) or more years of continuous AFS? **(_Yes – CNGB must approve waiver/ _ No)**

9. Does the soldier's tour begin within the first 60 days of the new FY? **(__Yes / __No)**

10. If the soldier's tour begins within the **FIRST** 60 days of the new FY, has the soldier performed **MORE THAN** 30 days of cumulative AD/FTNGD within the fourth quarter of the preceding FY?
(__Yes (60-day break waiver from CNGB is required) / __No)

11. Will the soldier be within six months of MRD or ETS at the **BEGINNING** of the tour?
(__No / __Yes-Requires CNGB Exception to Policy)

12. The Application(1058) is:

a. **For FTNGDSW** - Do you possess a copy of the **ARNG Format 1058-R** which has the signature of the applicant **in block 24** for the current tour? **(__Yes- then process / __No-then return for signature)**
Note: When extending a tour, a new DA Form 1058-R is required for that extension period.

b. **For ADSW**. Do you possess a copy of the **DA Form 1058-R** which has the signature of the applicant in block 23 for the current tour? **(__Yes- then process / __No- then return for signature)** Note: When extending a tour, a new DA Form 1058-R is required for that extension period.

13. Publishing Orders:
a. For TAG approved tours, retain a copy of this checklist and a copy of the ARNG Format 1058-R and maintain with your file copy of the soldier's tour order.

b. For CNGB level waivers, forward this checklist (to arrive at NGB 45 days prior to desired start date), a copy of the ARNG Format 1058-R, the request for waiver and supporting documents. If approved these documents will be returned and must be maintained with your file copy of the soldier's tour order. If the waiver request is not approved, these documents will be returned with no further filing requirement.

ARNG Format 1058-1R, JUL 10

IMR Printout

To Complete:

1. Send the most current Record from MEDPROS

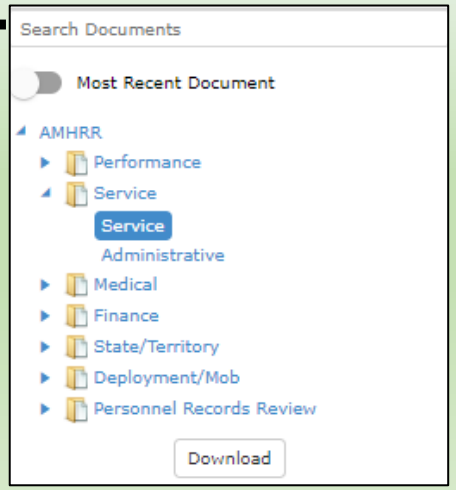
To Access:

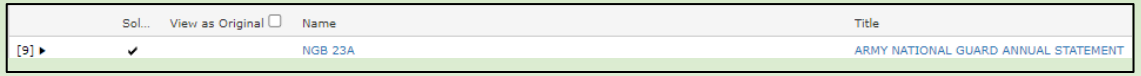
1. Login to MEDPROS
2. Under “Forms”, select “IMR Record”

ACFT Scorecard & JPAS

To Complete:
You will need to contact your Readiness NCO for both forms.

RPAM STATEMENT





To Complete:
1. Send the most current Statement from your iPerms

To Access:
1. Login to iPerms
2. Select Documents tab at top
3. Select “Service” under the “Service” dropdown or Search “23A”

Notes:
The NGB 23A is typically referred to as the RPAM Statement (short for Retired Points Accounting Management Statement)

OER/NCOER

Also available on iPerms:
- Located under “Performance” dropdown, select “Evaluation”

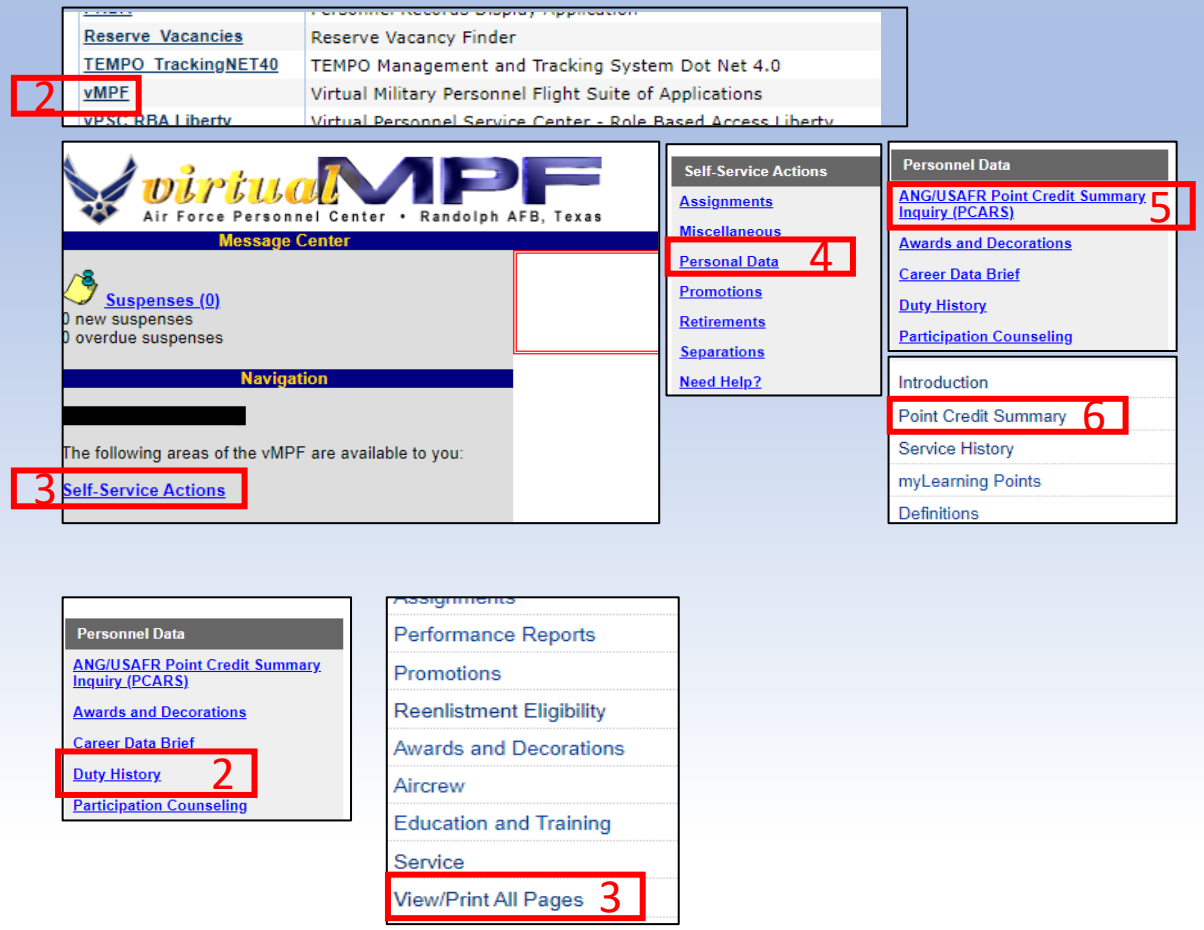
Point Credit Summary/Current Duty Info

To Access Point Credit Summary:

1. Login to my.af.mil
2. Search for “vMPF”, then select “vMPF”
3. Select “Self-Service Actions”
4. Select “Personal Data”
5. Select “ANG/USAFR Point Credit Summary Inquiry (PCARS)
6. Select “Point Credit Summary”
7. Download & Save

To Access Current Duty Info:

1. From #4 above, after “Personal Data”
2. Select “Duty History”
3. Select “View/Print All Pages”; Download/Save



PT Results:

To Access:
1. Login to myFSS from my.af.mil
2. Select myFITNESS at the bottom
3. Select “Fitness Tracker Report” in top right corner
4. Select “Printable View” in top right corner & download

IMR Printout:

To Access:
1. Search “My IMR” in my.af.mil
2. Download the printout