INDIANA NATIONAL GUARD
HUMAN RESOURCES OFFICE (NGIN-PEH-A)
2002 SOUTH HOLT ROAD
INDIANAPOLIS, IN 46241
TELEPHONE: (317) 247-3390 DSN: 369-2300 EXT 73390

Open Nationwide Announcement
ARMY NATIONAL GUARD ACTIVE GUARD RESERVE (AGR)
VACANCY ANNOUNCEMENT
16-067-E

OPENING DATE: 31 August 2016 **CLOSING DATE: 13 September 2016** **RANK/GRADE:** SGT / E5

POSITION TITLE: Unit Admin NCO **MOS/AOC/BRANCH:** 11B2O

DUTY LOCATION: C CO 1/293rd INF, 904 N. Williams St., Angola, IN 46703

SELECTING OFFICIAL: 1SG Hernandez, Rudy L., 317-247-3300 x87220

VICE: SGT Grillo

WHO MAY APPLY:

Members with rank higher than position identified are eligible to apply, but will be required to take a reduction should they be selected. Personnel who are members or are eligible to become members of the Indiana Army National Guard. Position is **NOT** open to female Soldiers.

REMARKS:

PCS funding available upon approval. Acceptance of an AGR position will result in termination of Selected Reserve bonuses and removal from current EPS List.

MILITARY COMPATIBILITY:

Upon selection, individual must be or become MOS/AOC qualified within twelve (12) months of appointment, with the exception of deployed Soldiers who will have an additional 12 months. Individual must also maintain satisfactory membership in the IN ARNG to include adherence to APFT and the height/weight standards. A physical profile of 111221. Color discrimination of red/green. Correctable vision of 20/20 in one eye; 20/100 in other eye. A minimum score of 90 in aptitude area CO in Armed Services Vocational Aptitude Battery (ASVAB) tests administered prior to 2 January 2002. A minimum score of 87 in aptitude area CO on ASVAB tests administered on and after 2 January 2002.

LENGTH OF TOUR:

3 YEARS – Subject to program continuance; members will be evaluated through the initial tour continuation process where you may become career status.

AGR PROGRAM BENEFITS:

Salary is determined by military grade and time in service. Member is authorized subsistence allowance, Basic Allowance for Housing (BAH), thirty (30) days annual leave; medical and dental care. TRICARE Prime Remote or TRICARE Standard coverage for dependents. Military Exchange and Commissary privileges.

DUTIES AND RESPONSIBILITIES:

Admin NCO is responsible for personnel and administrative support at the unit level. Serves as Subject Matter Expert (SME) and advisor of all personnel functions. Manages, processes, reviews, and coordinates admin tasks pertaining to personnel accountability, strength management, evaluations, awards, promotions, reductions, and legal actions. Processes updates to Soldiers records.

AGR PROGRAM MINIMUM QUALIFICATION REQUIREMENTS:

1. Must be a member or eligible to become a member of the Indiana Army National Guard. Selected individual must extend/enlist for a period equal to the AGR tour.
2. Must meet medical standards prescribed by NGR 600-5, Chapter 2, AR 40-501 and physical standards prescribed by AR 600-9.
3. The individual must be eligible to complete a minimum of five (5) years in AGR status immediately prior to his/her mandatory separation date or prior to completing 18 years of Active Federal Service.
4. Individual must not be eligible for, nor receiving a federal military retired or retainer pay, nor federal service annuities.
5. Individual must possess or be able to obtain **SECRET** security clearance.
6. Must not be a candidate for elective office, holding a civil office (full or part-time), or engage in partisan political activities as defined by DoD Directive 5500.7, Joint Ethics Regulation.
7. Applicant selected will be subject to State Military Justice procedures/statutes and State Civil Laws/statutes, as appropriate, when serving under provisions of Title 32 U.S.C.
8. Applicant must meet other eligibility requirements for AGR service under the provisions of AR 135-18 and NGR 600-5.
9. Individual maintain satisfactory membership in the INARNG to include adherence to APFT and the height/weight standards.
10. Applicants selected will not be reassigned during the first 18 months of the initial tour, unless waived by The Adjutant General for mobilization, force structure changes or command directed reassignments.

Upon selection, individuals will undergo a background check to validate suitability for employment with the federal government as permitted by law, regulation, Presidential order or other authority. Suitability is dependent upon the particular requirements for security clearance, sensitivity level, and DOD IT network access. Items checked include, but are not limited to all criminal history record information, employment history, education and fiscal accountability/responsibility.

HOW TO APPLY:

All applicants must submit a complete application packet to be considered for an AGR position. Applicants must forward the forms listed below to arrive in the Human Resource Office no later than **2359 est. hours** on the Closing Date indicated above. E-mail applications to: ng.in.inarng.mbx.j1hr-agr-army@mail.mil Subject line must read (AGR application JA 16-067-E last name). **Combine all documents into 1 or 2 attached files; no portfolio files. Hard copy applications such as faxed applications, hand carried applications, and mailed applications will no longer be accepted**. If the application packet is too large to be sent in one email, break the packet into two separate attachments and send it in two separate emails. If sending multiple emails, subject line must end in 1 of 2, 2 of 2 (example- AGR application 15-006-A Smith, 1 of 2). For questions, please email: ng.in.inarng.mbx.j1hr-agr-army@mail.mil **HRO will not review the application for completion or accuracy before the closing date. The applicant is responsible to ensure the application is complete and all required documents are correct and included.** If the application is incomplete, HRO will notify the applicant, and the applicant will have 24 hours to furnish the missing documentation. Failure to furnish the missing documents will result in automatic disqualification for the position.

REQUIRED DOCUMENTS:

Encl: NGIN Form 113 INARNG Requirements for Open AGR Applications, HT/WT memo, NGB 34-1.
If already on-board AGR, please contact the above email address for the correct forms needed.

INARNG Requirements for Open AGR Applications

1. Application for Open AGR Vacancy Announcement:_____.

2. NAME *(Last, First, MI)*: _____

3. RANK:_____ DATE OF RANK:_____

4. MOBILIZED: ☐ Yes ☐ No

5. MILITARY STATUS *(Check one, If you are currently deployed, check the status that you were in prior to starting deployment orders)*: ☐ AGR ☐ Technician ☐ ADOS ☐ Active Duty ☐ M-Day

6. PMOS: _____ SMOS: _____ AMOS: _____ AMOS: _____ AMOS: _____

7. HOME ADDRESS: _____

8. PRIMARY TELEPHONE NUMBER: _____

   ☐ Home ☐ Office ☐ Cell ☐ Other: _____

9. SECONDARY TELEPHONE NUMBER: _____

   ☐ Home ☐ Office ☐ Cell ☐ Other: _____

10. E-MAIL ADDRESS: _____

11. BEST METHOD OF CONTACT: ☐ Primary Telephone # ☐ Secondary Telephone # ☐ Email

12. The following documents are included in this application:

    ☐ NGB Form 34-1
    ☐ DA 705 (APFT Card) within 12 months
    ☐ Soldier Record Brief (with ASVAB scores)
    ☐ Retirement Points Accounting Management Sheet (RPAM)
    ☐ Last Five (5) consecutive Evaluation reports (NCOER)
    ☐ Letter of recommendation for Soldiers promoted after 2010
    ☐ Current Ht/ Wt: (within 30 days) Date_____ ☐ Pass ☐ Fail (Failure must include DA 5500-R/ DA 5501-R)
    ☐ All DD 214s
    ☐ MEDPROS printout (current within 30 days)

13. Please provide a brief detailed justification for any missing documents or substitutions *(Failure to include justification will result in disqualification of Application)*:

    _____

    _____

    _____

Commander Signature: _____ Applicant Signature:_____

Name, Rank:_____ Name, Rank:_____

Position Title:_____ Position Title:_____

APPLICATION FOR ACTIVE GUARD/RESERVE (AGR) POSITION

The proponent agency is ARNG-HRH. The prescribing directive is NGR (AR) 600-5 / ANGI 36-101

PRIVACY ACT STATEMENT

AUTHORITY: Title 32 USC 502(f), AR 135-18, NGR (AR) 600-5, ANGI 36-101.

PRINCIPAL PURPOSE: To provide information for use in determining eligibility/qualifications for Active Guard/Reserve (AGR) positions. A copy will be provided to the applicant. The original will be maintained by the human resources office for State records. For organizational use only.

ROUTINE USES: None.

DISCLOSURE: Voluntary, however if not provided you will not be considered for the AGR program.

POSITION ANNOUNCEMENT #	POSITION TITLE

NAME *(Last, First, Middle)*	DATE OF BIRTH *(yyyymmdd)*
CURRENT HOME ADDRESS *(Street, City, State, Zip Code)*	HOME PHONE OFFICE PHONE

DATE OF ENLISTMENT *(Enlisted)*	GRADE	MOS/SSI/AFSC	ETS DATE
DATE OF FEDERAL RECOGNITION *(Officer/WO)*	GRADE	BRANCH	MRD DATE
SECURITY CLEARANCE			

SECTION I - EDUCATION AND SPECIAL QUALIFICATIONS

1. COLLEGE OR UNIVERSITY *(Accredited Colleges only, attach seperate sheet(s) if necessary.)*

Name, City & State	*Date From*	*Date To*	*Degree Program*	*Credit Hours*	*Quarter/Semester*
Chief Undergraduate Subject					
Chief Graduate Subject					

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

Name, City & State	*Date From*	*Date To*	*Course Title*	*Hours Completed*

3. SKILLS AND QUALIFICATIONS *(Examples - Special skills and qualifications, word processing speed (WPM), certfications on wheel and track vehicles, etc. Also list any licenses or certificates held (RN, Pilot, CPA), etc.)*

SECTION II - EMPLOYMENT HISTORY

May we contact your present employer regarding your character, qualification, and record of employment?
(A "NO" answer will not affect your consideration for employment.)

CHECK ONE: ☐ YES ☐ NO

1. NAME AND ADDRESS OF CURRENT EMPLOYER	DATES EMPLOYED		AVERAGE HRS. PER WEEK
	FROM	TO	

TITLE OF POSITION	IMMEDIATE SUPERVISOR & PHONE NUMBER	NUMBER OF EMPLOYEES YOU SUPERVISED
TYPE OF BUSINESS	YOUR REASON FOR LEAVING	

DESCRIPTION OF WORK *(Describe your specific responsibilities and accomplishments)*

SECTION II - EMPLOYMENT HISTORY (Continued)

OTHER EMPLOYMENT

May we contact this employer regarding your character, qualification, and record of employment?
(A "NO" answer will not affect your consideration for employment.)

CHECK ONE: ☐ YES ☐ NO

2. NAME AND ADDRESS OF PRIOR EMPLOYER	DATES EMPLOYED		AVERAGE HRS. PER WEEK
	FROM	TO	

TITLE OF POSITION	IMMEDIATE SUPERVISOR & PHONE NUMBER	NUMBER OF EMPLOYEES YOU SUPERVISED
TYPE OF BUSINESS	YOUR REASON FOR LEAVING	

DESCRIPTION OF WORK *(Describe your specific responsibilities and accomplishments)*

SECTION III - MILITARY HISTORY

1. MILITARY SERVICE *(Start with most recent service and show changes in grade and duty in reverse chronological order.)*

FROM	TO	AC	ARNG/ANG	RC	GRADE	ORGANIZATION	DUTY

2. MILITARY TRAINING

FORMAL MILITARY SCHOOLING COMPLETED

COURSE TITLE AND NUMBER	DURATION OF COURSE		CORRESPONDENCE COURSES	
	WEEKS	DAYS	COURSE/SUBCOURSE TITLE	COURSE HOURS

3. MILITARY QUALIFICATIONS *(List any primary MOS/SSI which has been awarded on orders.)*

MOS/SSI/AFSC	DATE AWARDED	INDICATE HOW QUALIFICATIONS WERE OBTAINED *(Service School, On the Job Training, Civilian Experience, etc.)*

4. INDICATE ANY ON THE JOB TRAINING WHICH IS QUALIFYING FOR AN MOS/SSI WHICH HAS NOT YET BEEN AWARDED ON ORDERS

DUTY MOS/SSI/AFSC	EXACT TITLE OF POSITION	FROM	TO

SECTION IV - PERSONAL BACKGROUND QUESTIONAIRE

(All Applicants Must Complete) Utilize the Continuation/Remarks section to fully explain any "YES" answers (except 9 & 17). Attach a seperate sheet of paper if more space is necessary.

YES	NO	
☐	☐	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 State Headquarters or Department of the Army Headquarters within the past 12 months?
☐	☐	17. Have you met the minimum physical fitness requirements for each component as specified by AR 600-9 (Army) or AFI 36-2905 (Air Force)?

SECTION V - CONTINUATION/REMARKS

Use the Continuation/Remarks section to fully explain any "YES" answers (except 9 & 17). Attach seperate sheet(s) 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.

	SIGNATURE	DATE
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.		

DEPARTMENT OF THE ARMY
INDIANA JOINT FORCES HEADQUARTERS NATIONAL GUARD
2002 SOUTH HOLT ROAD
INDIANAPOLIS, INDIANA 46241-4839

MEMORANDUM FOR NGIN-PEH-A

SUBJECT: Height and Weight Statement for

1. This memorandum is to confirm that does not exceed her screening weight or body fat percentage for her age group. current height is and weight is pounds as of .

2. DA Form 5500-R (Body Fat Content Worksheet Male) is enclosed, if applicable or DA Form 5501-R (Body Fat Content Worksheet Female) is enclosed, if applicable.

3. meets the standards set forth in AR 600-9, dated 01 August 2006.

4. Point of Contact for this memorandum is at or via e-mail at .