



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 Statewide Announcement
ARMY NATIONAL GUARD ACTIVE GUARD RESERVE (AGR)
VACANCY ANNOUNCEMENT
17-015-O**

OPENING DATE: 05 November 2016 **CLOSING DATE:** 14 November 2016 **RANK/GRADE:** O3
POSITION TITLE: Physician Assistant **MOS/AOC/BRANCH:** 65D
DUTY LOCATION: IN Medical Detachment, 325 East Minuteman Way, Franklin, IN 46131 w/ FTUS duty at Edinburg, IN 46124
SELECTING OFFICIAL: MAJ Poag, William M.; 1-317-247-3300 x62779
Vice: Col Hopkins, Scott

WHO MAY APPLY:

Personnel who are members or are eligible to become members of the Indiana Army National Guard. Position is OPEN to female Soldiers.

REMARKS:

PCS funding available upon approval. Acceptance of an AGR position will result in termination of Selected Reserve bonuses.

MILITARY COMPATIBILITY:

Upon selection, individual must be or become MOS/AOC/Branch 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 INARNG to include adherence to APFT and the height/weight standards. Physical profile of 111221. Other requirements as listed in DA PAM 611-21.

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:

Plans, organizes, performs, and supervises troop medical care at Levels I and II. Directs services, teaches and trains enlisted medics, and performs as medical platoon leader or officer in charge in designated units. Manage subordinate personnel, facilities, and equipment required to operate troop clinics or other medical activities and organizations. Function as special staff officer to the commander, advising on medically related matters pertinent to unit readiness and unit mission. Participate in the delivery of health care to all categories of patients and to all eligible beneficiaries. Prescribe courses of treatment and medication when required, and consistent with his capabilities and credentials. Interprets information in health records for application to current conditions and makes entries into the health record as a primary care provider. Orders diagnostic X-ray and laboratory procedures and writes consultations to specialty clinics and for

ancillary services as appropriate. In the absence of a physician, the physician assistant will be the primary source of advice to determine the medical necessity, priority, and requirements for patient evacuation, and initial emergency care and stabilization. Supervise preparation of reports pertaining to medical activities. Functions as medical staff officer at battalion, brigade, division, Corps, major command (MACOM), and at DA level activities, advising the surgeon of the respective command and the Commander on medical matters. Function as primary instructor and staff officer at the Academy of Health Sciences. After formal military and/or civilian schooling perform duties under the supervision of a physician in selected specialties. Function as the primary medical officer reviewing and supervising the medical examinations of individuals in the personnel reliability program.

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 the appropriate 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 17-015-O last name). **Combine all documents into 1 or 2 attached standard PDF files; no portfolio files, no tif files, no jpg 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. After that period has lapsed and documentation has not been completed, a letter will be sent to the individual indicating the reason for disqualification.

REQUIRED DOCUMENTS:

- **NGIN Form 113**
- **NGB Form 34-1**
- **DA 705 (APFT Card) within 12 months**
- **Soldier Record Brief (with ASVAB scores)**
- **Last five (5) years' consecutive Evaluation reports (OER)**

- Letter of recommendation for Soldiers who do not have five (5) years' consecutive Evaluation reports (OER)
- Commander's Ht/Wt Statement (within 30 days) -Failure must include DA 5500-R/ DA 5501-R
- All DD 214s
- MEDPROS printout (current within 30 days)

If already on-board AGR in Indiana, 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. AOC: _____ SAOC: _____ SAOC: _____ SAOC: _____ SAOC: _____
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 for traditional (9 months for current AGR)
 - Soldier Record Brief
 - Retirement Points Accounting Management Sheet (RPAM)
 - Last Five (5) consecutive Evaluation reports (OER)
 - Letter of recommendation for Soldiers promoted after 2010 or if only 4 consecutive OER's are submitted
 - 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.

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|--|----------------|--------------|----------------------------|
| 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 separate 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), certifications on wheel and track vehicles, etc. Also list any licenses or certificates held (RN, Pilot, CPA), etc.)

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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) | | | | |

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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 <i>(Describe your specific responsibilities and accomplishments)</i> | | | | |

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 |
|------|----|----|----------|----|-------|--------------|------|
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2. MILITARY TRAINING

FORMAL MILITARY SCHOOLING COMPLETED

| COURSE TITLE AND NUMBER | DURATION OF COURSE | | CORRESPONDENCE COURSES | |
|-------------------------|--------------------|------|------------------------|--------------|
| | WEEKS | DAYS | COURSE/SUBCOURSE TITLE | COURSE HOURS |
| | | | | |
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3. MILITARY QUALIFICATIONS *(List any primary MOS/SSI which has been awarded on orders.)*

| MOS/SSI/AFSC | DATE AWARDED | INDICATE HOW QUALIFICATIONS WERE OBTAINED <i>(Service School, On the Job Training, Civilian Experience, etc.)</i> |
|--------------|--------------|---|
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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 |
|-------------------|-------------------------|------|----|
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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 _____ exceed screening weight or body fat percentage for ____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. _____ the 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 _____.