Instructions to Applicant

1. Application for a Counterdrug Support Task Force (FTNGD-CD) position must include the following documents:

a. Department of the Army (DA) Form 1058-R JUL 93		
b. Retirement Point Accounting Statement (NGB form 23A) unit	Army Personnel	
c. Point Credit Summary Inquiry (vMPF)	Air Force Personnel	
d. Individual Medical Readiness (IMR) MODS printout Physical Profile DA Form 3349 if applicable	Army Personnel	
e. Notification of Air Force Members Qualification Status AF Form 422	Air Force Personnel	
f. Current Army Physical Fitness Test Record DA Form 705 (within 12 months)	Army Personnel	
g. Current Body Fat Content Worksheet DA form 5500/5501 If applicable (within 6 months)	Army Personnel	
h. Current Air Force Fitness Member Scorecard (within 12 months)	Air Force Personnel	
i. Favorable Entrance National Agency Check/National Agency Check (ENTNAC/NAC) within past 10years JPAS printout		
j. Personal Qualification Record (RCAS)	Army Personnel	
k. Air Force Personnel Individual Information (vMPF)	Air Force Personnel	
l. Authorization to Release of Information Form		
m. Instructions to Applicant CDS Form 34-1a		
n. Counterdrug Support Disclosure Form CDS Form 34-1b		
o. Special Requirements for Counterdrug Duty CDS Form 34-1c		
p. Commander's Letter of Recommendation		
q. Current Resume		

2. Applicants will be required to interview in person for the position desired.

3. Applicants must pass Army Physical Fitness Test/ Air Force Physical Fitness Test and meet height/weight standards. (Applicants will be tested on day of in-processing)

4. Applicants selected will be placed on a one year probationary period.

5. All personnel submitting an application will be considered for a position regardless of race, color, religion, gender or national origin.

6. Applications will remain in an active file for one calendar year.

7. The Counterdrug Support Task Force provides Full time National Guard for Counterdrug duty (FTNGD-CD) tours based on the supported law enforcement agency's (LEAs) or Community Based Organization (CBOs) requests for support, Congressional funding, and the Governor's State Plan. Tour length will be determined by the Counterdrug Coordinator. Tour orders will not be automatically renewed at the completion of a period of service.

8. Counterdrug Support Task Force FTNGD-CD tours may be terminated at any time for (but not limited to) any of the following:
   a. The individual's conduct, degree of efficiency, or manner of performance is seriously deficient
      (1) Driving while under the influence
      (2) Unfavorable urinalysis test results
   b. Funds available for FTNGD-CD tours are curtailed
   c. Non recommendation from Unit Commander
   d. Individual does not meet regulatory requirements IAW NGR 500-2/ANGI 10-801, Para 8-18

9. Submit applications to: NM Counterdrug Support Task Force, ATTENTION: NM-CDS S-1,
4001 NW Loop, Rio Rancho, NM 87124

This certifies that I have read CDS Form 34-1a, "Instructions to Applicant", and understand that Counterdrug Support FTNGD-CD positions are **not permanent and can be terminated at any time**.	**Signature**	**Date**
CDS Form 34-1a **(Instructions to Applicant)**		

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628 ATTN: RECORDS

$10.00 PER RECORD CHECK

NMNG COUNTER DRUG TASK FORCE***

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____

NAME (MUST BE PRINTED-LEGIBLY) (SOC) (DOB)

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

NMNG Counter Drug Task Force, Chief. Thomas Trujillo, et. al.

NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF")

ADDRESS: 4001 NW Loop, Rio Rancho, NM 87124

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE

***FEE WAIVED:

AUTHORITY MAJ. R. SHILLING, 12/7/09

APPLICANT SIGNATURE: _____

DATE: _____

(*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT (GUARDIAN)

IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____,20 _____.

(SEAL)

_____

(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____.

APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR SPECIAL WORK, AND ANNUAL TRAINING FOR SOLDIERS OF THE ARMY NATIONAL GUARD AND U.S. ARMY RESERVE

For use of this Form, see AR 135-200; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority:	10 USC 672(d) and USC 275.
Principle Purpose:	To determine eligibility and schedule individuals for active duty for special work or active duty for training on requested dates.
Routine Uses:	To identify the applicant as a Reserve Component member and to issue active duty for special work or active duty for training orders. The SSN is used to identify the applicant.
Disclosure:	Completing this form is mandatory for individuals applying for active duty for special work and active duty for training. If not completed, you will be ineligible for the requested tour.

PART 1 - APPLICANT *(Read instructions in AR 135-200 Before Completing this Form)*

1. TO *(Include ZIP Code)*

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

3. SSN

4a. PERMANENT HOME ADDRESS *(Include ZIP Code)*

,

5a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY *(If different from permanent home address) (Include ZIP Code)*

4b. HOME TELEPHONE NUMBER *(Include Area Code)*

5b. HOME TELEPHONE NUMBER *(Include Area Code)*

4c. BUSINESS TELEPHONE NUMBER *(Include Area Code)*

5c. BUSINESS TELEPHONE NUMBER *(Include Area Code)*

6. UNIT OF ASSIGNMENT OR ATTACHMENT

7. GRADE

8. BRANCH

9. SEX

☐ MALE ☐ FEMALE

10. DOB

11. MARITAL STATUS

12. NO. OF DEPENDENTS

13. PRIMARY SSI (AOC) /MOS

14. DUTY SSI (AOC) /MOS

15. HEIGHT

16. WEIGHT

17.

☐ I AM ☐ I AM NOT Drawing a Pension, Disability Compensation, or Retired Pay from the U.S. Government

18. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE (AFS)

19. For Individual Mobilization Augmentees Only: THIS APPLICANT IS FOR (Check One)

☐ IMA AT ☐ ADT in lieu of IMA AT ☐ ADDITIONAL ADT

20. Dates of ADSW/ADT/AT Requested

a. FIRST CHOICE		B. SECOND CHOICE	
NUMBER OF DAYS	BEGINNING DATE/TIME	NUMBER OF DAYS	BEGINNING DATE/TIME
LOCATION		LOCATION	
DUTY/TRAINING AGENCY		DUTY/TRAINING AGENCY	

21. *To the best of my knowledge and belief, I am physically qualified for active military duty. I was*

a. LAST EXAMINED ON

b. AT

22. SIGNATURE

23. DATE

24. 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.

(Signature of applicant)

PART II - RECORDS CUSTODIAN

25. PAY ENTRY BASIC DATE	26. SECURITY CLEARANCE	27. PROMOTION CONSIDERATION CODE	28. DATE OF RANK
29. RYE DATE	30. ETS (Enlisted)	31. MANDATORY REMOVAL DATE (Officers)	32. UIC
33. HIV TEST DATE	34. PANOGRAPHIC DENTAL X-RAY ON FILE YES ☐ NO ☐		

35. List all previous AD, TTAD, ADT, IADT, and ADSW in the previous and current fiscal year showing inclusive dates, purpose of tours, and HW or agancy to which attached.

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

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

Special Requirements for Counterdrug Duty

Unique Requirements for Counterdrug Duty as outlined in **NGR 500-2/ANGI 10-801** 29 August 2008

Urinalysis testing is required upon entry on active duty, and personnel are subject to periodic testing while on active duty. These requirements are in addition to testing by units of assignment during IDT/IAD under the JNGSAP.

Requirement to continue attendance at IDT/IAD and AT while on FTNGDCD.

Status of funding from year to year.

Probability of criminal records checks, and/or security screening by LEAs of applicants serving in LEA offices or in positions where they are privy to operational information of LEAs. Applicants will be informed that such inquiries are likely to be completed after entry on duty and that rejection by LEAs could result in their removal from the CD program.

Standards of Conduct

National Guard members participating in the Counterdrug Support Program are required to comply with state laws and with DoD 5500.7-R. They are required to uphold the highest standards of conduct and personal appearance.

Outside employment, associations and off-duty conduct/activities must be consistent with federal directives on ethics and with state and federal conflict of interest policies. Outside employment will require written approval of CDC according to Para. 8-25 of NGR 500-2/ANGI 10-801.

I certify that I have read and understand the unique requirements for Counterdrug duty.	**Signature**	**Date**
FOR INTERNAL USE ONLY		

☐ Favorable Interview of Counterdrug Coordinator or Representative

☐ Favorable Urinalysis Testing

☐ Favorable Background Investigation Check

☐ Medical Retention Standards (set forth IAW AR 40-501 Ch.3&10 AFI 48-123 Ch 3 Attach 2, 9 &19)

- ☐ HIV ☐ PULES
- ☐ PHA ☐ PROFILE

☐ Pregnancy test showing negative results

☐ Orders Query

☐ Review of Application by Personnel Office (meets retention standards IAW AR40-501/AFI48-123)

(Unit Letterhead)

MEMORANDUM FOR NM Counterdrug Coordinator, CDS Task Force, 4001 Loop NW, Rio Rancho, NM 87124

FROM: (Commander/Office Symbol)

SUBJECT: Commander's Recommendation

1. The following recommendation pertains to:

_____	_____	_____
Soldier/Airman's Name	Soldier/Airman's SSN	Unit Soldier/Airman assigned to

2. The commander certifies that the individual in item 1. Has:

a. Successfully passed the last unit Physical Fitness Test.
b. Meets the required height and weight standards IAW AR 600-9 or AFR 35-56.
c. Does not have any unfavorable personnel action pending.
d. Does not possess a medical profile.

3. The individual in item 1. is **Recommended / Not Recommended** (circle one) for participation on Title 32 Active Duty for Special Work status with the New Mexico Counterdrug Support Task Force.

4. POC for this memorandum is the undersigned.

(Commanders Signature Block)

Counterdrug Support Disclosure Form

1. Authority: 32 USC 112, NGR 500-2/ANGI 10-801
2. Principal Purpose(s): To provide information for use in determining eligibility/qualifications for Counterdrug Support ADSW positions.
3. Routine Uses: To determine applicant's eligibility for Counterdrug Support ADSW 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.

I. PERSONAL DISCLOSURE QUESTIONNAIRE

NOTE: A "YES" ANSWER MUST BE FULLY EXPLAINED IN SECTION III.	YES	NO
1. Have you ever been convicted of a Misdemeanor Offense?		
2. Have you ever been convicted of a Felony Offense?		
3. Has your Vehicle Operator's License been suspended or revoked for any reason?		
4. Have you ever been convicted of Driving While Intoxicated (DWI) or Driving Under the Influence (DUI)		

II. MEDICAL DISCLOSURE QUESTIONNAIRE

NOTE: A "YES" ANSWER MUST BE FULLY EXPLAINED IN SECTION III.

Have you ever had or have you now	**Yes**	**No**	**Have you ever had or have you now**	**Yes**	**No**
a. Back problems?			b. Ear trouble or loss of hearing?		
c. Eye injury, illness or loss of vision?			d. Wear corrective lenses		
e. Deformities of or missing fingers or toes?			f. Any painful or "trick" joints or loss of movement in any joint		
g. Hepatitis?					
h. Asthma			i. Shortness of breath or respiratory problems?		
j. Had difficulty standing for long periods?			k. Been treated for a mental health condition?		
l. Had allergies or allergic reactions?			m. Been addicted to drugs or alcohol?		
n. Epilepsy or seizures of any kind?			o. Other medical problems or defects of any kind?		
			p. Filed a Line of Duty Accident Report/Claim		
Have you ever	**Yes**	**No**	**Have you ever**	**Yes**	**No**
p. Been hospitalized?			q. Taken any medication for prolonged periods?		
r. Broken any bones?					
s. Been rejected for military service for medical reasons?			t. Been discharged from military service for physical or mental health reasons?		
u. Received or applied for any form of disability from any government agency?					
Are you	**Yes**	**No**	**Are you**	**Yes**	**No**
v. Currently taking any medication?			w. Under a physician's care?		

III. REMARKS (EXPLAIN ANY "YES" ANSWERS FROM SECTIONS I AND II HERE)

IV. CERTIFICATION

1. I understand that failure to disclose information may result in immediate release from the Counterdrug Support Task Force.
2. I understand that a personal background/integrity check will be made and that satisfactory results are a condition of my employment with the New Mexico National Guard Counterdrug Support Task Force (NMAG-CDS).
3. I authorize NMAG-CDS to conduct a background check at any time. _____
4. I understand that I may revoke this consent at any time, however, without the aforementioned background check I am ineligible for tour assignment with NMAG-CDS
5. I certify that the information on this form is true and complete to the best of my knowledge and belief.

Last Name	First Name	Middle Name
SSN	**Rank/Grade**	**Signature**