

DELAWARE ARMY NATIONAL GUARD AGR APPLICANT WORKSHEET

Position Title Applying for: _____

Vacancy Announcement Number: _____ Closing Date: _____ Application Date: _____

PART I TO BE COMPLETED BY APPLICANT

Name: _____ Home Phone: _____ Office Phone: _____

Current email address: _____

I am presently a member of:

- DE Army National Guard
- Army National Guard State:
- United States Army
- Other:

Present Employment Status

- Traditional Guardsman
- State / Federal Technician
- Active Guard/Reserve (AGR)
- FTNGD-OS/MA/CDT Orders

PART II TO BE COMPLETED BY APPLICANT

The following forms are attached as required by the Vacancy Announcement:

- | | |
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| <ul style="list-style-type: none"> NGB Form 34-1 (signed and dated). NGB Form 34-2 (COA/U - Initial Entry) NGB Form 34-3 (COA/U - OTOT) DENG Point of Contacy Form Copy of State and Military Drivers License Current IMR (MEDPROS) Printout. Last 5 OERs/NCOERs Officer/Enlisted Record Brief (ORB/ERB) DA Photograph | <ul style="list-style-type: none"> Security Clearance Letter of Cerification (JPAS) NGB Form 23B retirement points statement All DD Form 214(s)/NGB Form 22(s) with REcodes. DA Form 705 (APFT) (Current AGR: 6 Months, Traditional: 12 Months). DA Form 5500/5501 (Body Fat Worksheet) DA Form 3349 Physical Profiles (if applicable) Standard Form 181 (Ethnicity/Race verification) Enlisted/Officer biographical summary. Other: |
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PART III TO BE COMPLETED BY HUMAN RESOURCES OFFICE

Date Application Packet Redcieved : _____ Application Packet Recieved By: _____

AGR Applicant Screening	
Is the applicant 18 yrs of age & not reached 55th birthday? Age:	Is the IMR dated within the last 12 months? IMR Date:
Does the applicant meet the required Grade/Rank? Grade/Rank:	Does the IMR indicate that the applicant had a Periodic Health Assessment (PHA) within 12 months? Date of PHA:
Can the applicant complete 3 yrs of active service prior to 18 yrs Active Service or MRD/Age? # Yrs AS:	Does the applicant meet the required PULHES for the advertised DMOS? PULHES:
Is the applicant MOSQ? If not Does the applicant meet the DMOSQ prerequisites?	Does the applicants PULHES contain a "3" or "4"? If so, has an MMRB been completed? MMRB Date:
Is the applicant flagged for adverse action? Type of Flag:	Does the applicant have a TEMP/PERM Profile? Profile Type:
Does the applicant have the appropriate Security Clearance Level for the Grade and MOS/AOC? If not Is the applicant eligible for the appropriate Security Clearance?	Does the applicant meet the Height and Weight standards? Does the applicant require Body Fat Worksheets? If so, is the 5500/5501 attached?
Has the applicant previously voluntarily separated/resigned from the AGR program if so, it must exceed 1 year. (if not, NGB waiver required) Date REFRAD: RE Code:	Do the applicant have a passing APFT within 6 months for AGR and 12 months for MDAY Soldiers?
Was the applicant previously involuntarily separated from the AGR program? Date REFRAD: RE Code:	Other (Specify):
	Other (Specify):

Applicant meets the minimum requirements for entry into the AGR Program Yes No

Reason application will not be referred for interview:

HRO-AGR Branch Representative's signature/Date: