

# OHIO COUNTERDRUG TASK FORCE

## Application for Full Time National Guard Duty - Counterdrug

Announcement Number  Position

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ DOB \_\_\_\_\_

Rank \_\_\_\_\_ Army/Air Force \_\_\_\_\_ SSN \_\_\_\_\_

Unit of Assignment \_\_\_\_\_ Section \_\_\_\_\_

Unit Location (City) \_\_\_\_\_ Unit Phone \_\_\_\_\_

Primary MOS/AFSC \_\_\_\_\_ MOS/AFSC Description \_\_\_\_\_

Security Clearance Type/Date \_\_\_\_\_ PEBD \_\_\_\_\_ ETS Date \_\_\_\_\_

Receiving VA Disability: YES NO Open LOD: YES NO

Date and Location of Most Recent Military Physical Examination \_\_\_\_\_

Total Years of Active Federal Service \_\_\_\_\_ Current Status: \_\_\_ AGR \_\_\_ Tech \_\_\_ ADOS \_\_\_ M-day

Have you ever worked for CD before? YES NO If Yes, When: \_\_\_\_\_

**You must sign this application. Read the following carefully before you sign.**

Personnel Data Privacy Act of 1974 (5 USC 552). This information is used to determine the qualification of persons applying to voluntarily participate on the Counterdrug Task Force (CDTF). Disclosure is voluntary, however, failure to disclose the requested information may result in the application being rejected.

Full Time National Guard Duty – Counterdrug (FTNGD-CD) personnel are required to attend unit scheduled IDT's/UTA's and 15 days of Annual Training with their assigned National Guard unit. (Applicants initials \_\_\_\_\_ )

*I understand and agree that any information provided by me may be investigated as allowed by law. I certify by my signature that to the best of my knowledge and belief, all of the information on this application is true and complete. I understand that if selected for employment with the CDTF, I will participate in a drug testing program and undergo a background investigation. Some assignments also require additional background checks. I understand any false statements made on this application could lead to non-selection or dismissal from the CDTF.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

High School Graduate or GED/Diploma received Y N Year \_\_\_\_\_

Highest Military Education/School Completed \_\_\_\_\_ Year \_\_\_\_\_

Names of Colleges or Technical Schools: \_\_\_\_\_

1. \_\_\_\_\_ Year \_\_\_\_\_ Graduate Y N

Course/Subjects of Study \_\_\_\_\_

2. \_\_\_\_\_ Year \_\_\_\_\_ Graduate Y N

Course/Subjects of Study \_\_\_\_\_

1. Are you available to work flexible schedules/hours (to include weekends, nights, and TDY travel) Y N

If no, explain \_\_\_\_\_

2. Fluent in other languages? Y N If yes, which one(s): \_\_\_\_\_

3. Have you ever been convicted of, or plea bargained any crime, offense or violation? Y N If yes, please

explain \_\_\_\_\_

4. Are you now facing legal action for any offense or violation? Y N If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Are you a US Citizen Y N If you are not a US Citizen, please provide the following.

Place you entered the United States \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Alien Registration Number \_\_\_\_\_

## EMPLOYMENT HISTORY (List most recent employer first)

Employer: \_\_\_\_\_ May we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Employer: \_\_\_\_\_ May we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

**EMPLOYMENT HISTORY** (List most recent employer first)

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Address: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ May we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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Address: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

**KNOWLEDGE, SKILLS, AND ABILITIES:**

1. Describe any experience with law enforcement, schools, communities, and/or other organizations.

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2. Describe your administrative skills (typing, computers, software used, etc.).

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3. Describe your technical skills (mechanical, electronic, etc.) Include any certificates and/or licenses.

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4. Describe any other knowledge, skills, and abilities which would be of benefit to the CDTF .

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**Commander's Recommendation for Employment with the Ohio Counterdrug Task Force (CDTF)**

1. Please take the time to thoroughly evaluate the following individual for entry on Full Time National Guard Duty Counterdrug, Title 32 service or continued service with the Counterdrug Task Force.

Name	Rank	Unit	Unit Phone #
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2. Personnel on duty with the CDTF are held to high standards based on program requirements and internal policies. Service members must meet physical fitness and weight control standards, have no disciplinary flags (or unfavorable information file) and receive the unreserved recommendation of their unit commander. Please personally certify the following requirements individually:

a. Fitness Test in the past 12 months - Fitness Test Date: \_\_\_\_\_ Score: \_\_\_\_\_ Circle: Pass      Fail

If test not accomplished, provide an explanation: \_\_\_\_\_

\_\_\_\_\_   
 Certifying Initials \_\_\_\_\_

b. Service member does / does not (circle one) have negative disciplinary actions pending. Certifying Initials \_\_\_\_\_

c. Service member's current ETS date is \_\_\_\_\_.

3. Personnel employed by the CDTF are **required** to attend 15 days of annual training and all unit training assemblies each year. Personnel who fail to maintain satisfactory attendance should be immediately reported to the CDTF. Only the individual's **commander or higher authority** is authorized to endorse this form.

4. Requests for additional annual training days are not automatic and are limited to exceptional cases. Detailed coordination between the unit commander and the CDTF must be done well in advance.

5. Extended active duty (EAD) is a privilege not a right. By endorsing below, you are verifying that the individual is a member in good standing of your unit and consistently participates in drills and annual training. You are giving the member your personal recommendation for extended active duty. Due to the high visibility and the unique mission of the CDTF we strive to ensure the highest caliber of Soldiers and Airmen are employed to represent the Ohio National Guard.

\_\_\_ I recommend this member for CDTF

\_\_\_ I do not recommend this member for CDTF

5. The point of contact regarding this issue is the CDTF Personnel Office.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name, Title and Rank

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number