

UTAH COUNTERDRUG MISSION POSITION VACANCY ANNOUNCEMENT

Job Title:		JOB NUMBER:
MOS:	Min/Max Grade:	CLOSING DATE:
Location:		
Selecting Supervisor:		

JOB DESCRIPTION:

1. Introduction.

2. Duties and Responsibilities

3. Supervisory Control.

FTNGD-OS POSITION VACANCY ANNOUNCEMENT CONT.

JOB INFORMATION:

1. Salary: Full military pay and allowances of the military grade of selectee.
2. Tour of Duty: Initial tour is a one year probationary order. Follow on assignment will be contingent upon satisfactory performance and funding.
3. Area of Consideration: Individual selected will receive an UTCDM Tour with the Utah Army National Guard. If selected for this position, the Service Member (SM) will be ordered to Active Duty under the provisions of Title 32 U.S. Code Section 112 & 502f.

ELIGIBILITY REQUIREMENTS:

1. HRO Requirements
 - a. Must be a member of the Air or Army National Guard
 - b. Must meet Army medical retention standards in accordance with AR 40-501, Chapter 3.
 - c. Must not be within six (6) months of mandatory removal date (MRD)/expiration of term of service (ETS) on the report date of the tour unless waived by TAG.
 - d. Must not be under a suspension of favorable personnel actions per AR 600-8-2.
2. Employing Organization Requirements
3. Employing Organization Preferences

APPLICATION REQUIREMENTS: Applicants only need to fill out the "CDP Application for Counterdrug Position" attached to this announcement and send to (ng.ut.utarng.mesg.om-mgrs-s1-counter-drug@army.mil) Be sure to include the tracking number listed at the top of the announcement. Applications will be screened for basic eligibility to attend the board. If applicant is selected for the position they will be required

Equal Opportunity: All applicants will receive consideration for the above position without regard for any non-merit reason such as; race, color, religion, national origin, politics, marital status, age or gender.

FTNGD-OS POSITION VACANCY ANNOUNCEMENT CONT.

to fill out a CD ADOS packet which includes the below items. *(If selected this packet will be provided to you after selection)*

1. HRO Requirements

- a. Cover Letter (Approval Checklist). Located on HRO OS website
- b. FTNGD-OS Information Brief
- c. DA Form 1058, Application for Operational Support
- d. ARNG 1058-1R (only for NGB waivers), Approval Authority Determination
- e. NGB 23B, Retirement Point Statement
- f. Orders Query (w/entire history)
- g. MEDPROS IMR, Individual Medical Record
- h. DA 705, Army Physical Fitness Scorecard w/height & weight
- i. DA 5500/5501, Body Fat Content (only if applicable)
- j. DA 1506 (if no NGB 23B or Orders Query history), Statement Of Service
- k. DA 5960, Authorization of Basic Allowance for Housing (BAH)

If the applicant is unable to meet the above listed requirements in a timely manner the applicant will not be granted the UTCMD Tour. For questions regarding this position direct your inquiries to CDMC S1 email (ng.ut.utarng.mesg.om-mgrs-s1-counter-drug@army.mil) or 801-432-4501.

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APPLICATION FOR COUNTER DRUG POSITION

The proponent agency is UTARNG-CDP.

PRIVACY ACT STATEMENT

AUTHORITY: Title 32 USC 502(f), Title 32 USC 112**PRINCIPAL PURPOSE:** To provide information for use in determining eligibility/qualifications for Counter Drug 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 Counter Drug program.

POSITION ANNOUNCEMENT #	POSITION TITLE				
NAME (Last, First, Middle)					DATE OF BIRTH (yyyymmdd)
CURRENT HOME ADDRESS (Street, City, State, Zip Code)					HOME PHONE EMAIL
DATE OF ENLISTMENT (Enlisted)	GRADE	MOS/SSI/AFSC	ETS DATE		
DATE OF FEDERAL RECOGNITION (Officer/WO)	GRADE	BRANCH	MRD DATE		
SECURITY CLEARANCE		DOD ID Number			
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), certifications 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: <input type="checkbox"/> YES <input type="checkbox"/> 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 <i>(Service School, On the Job Training, Civilian Experience, etc.)</i>

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 QUESTIONNAIRE

YES	NO	(All Applicants Must Complete) Utilize the Continuation/Remarks section to fully explain any "YES" answers (except 9 & 17). Attach a separate sheet of paper if more space is necessary.
		<p>1. Within the last five years, have you been fired for any reason?</p> <p>2. Within the last five years, have you quit a job after being notified that you would be fired?</p> <p>3. Have you ever been convicted, forfeited collateral, or now under charges for any felony or firearms or explosives offense against the law?</p> <p>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?</p> <p>5. While in the military, have you ever been convicted by a General Court Martial?</p> <p>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?</p> <p>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?</p> <p>8. Have you ever been removed from military service due to unsuitability?</p> <p>9. Will you be able to complete a minimum of 5 years of continuous Counter Drug Service prior to completing 18 years of Active Federal Service or your Mandatory Removal Date (MRD)?</p> <p>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?</p> <p>11. Have you been involuntarily removed from unit (Selected Reserve) service based on maximum years of service, qualitative retention or selective retention board action?</p> <p>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?</p> <p>13. Do you currently possess or is a report of suspension of favorable actions pending?</p> <p>14. Have you voluntarily separated from the Counter Drug Program in any State for one or more days within the past year? (ARNG Applicants Only)</p> <p>15. Have you been voluntarily separated from the Counter Drug Program or voluntarily separated in lieu of adverse action?</p> <p>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?</p> <p>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)?</p>

SECTION V - CONTINUATION/REMARKS

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

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.

SIGNATURE

DATE