

APPENDIX A

APPLICATION FOR APPOINTMENT OR ENLISTMENT
INDIANA GUARD RESERVE

DATE: _____
(Day) (Month) (Year)

FROM: _____
(Last Name) (First Name) (Middle Name)

FOR: Commander, Indiana Guard Reserve, 2002 South Holt Road, Indianapolis, IN 46241-4839

1. Under the provisions of JFHQIN-IGR Regulation 10-4, I hereby apply for entry in the Indiana Guard Reserve, as an _____ (Officer), _____ (Warrant Officer), or _____ (Enlisted)

2. In connection with the application, I submit the following information, which I certify to be correct to the best of my knowledge and belief.

a. Home Address: _____
(Number and Street) (City)

(County) (State) (Zip Code + 4) (Area Code + Phone Number)

Email: _____ . Cell #: _____ . Fax #: _____ . Pager#: _____ .

b. Place of Employment: _____

c. Employer Address: _____
(Number and Street) (City)

(County) (State) (Zip Code + 4) (Area Code + Phone Number)

d. Present Occupation: _____ Years Experience: _____

e. Other occupational background and years of experience: _____

f. Person to Contact in Case of Emergency: _____
(Name)

(Address) (City, State, Zip + 4)

(Area Code + Phone Number) (Relationship)

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e. SSN: _____ DOB: _____ Place of Birth: _____

e. Height: _____ Weight: _____ Blood Type: _____ Color Hair: _____ Color Eyes: _____

e. Are you a citizen of the United States? ____ Yes ____ No If yes, by birth or by

Naturalization? _____. (If naturalized, attach proof, which provides date and location.)

e. Marital Status: ____ Single ____ Married ____ Separated ____ Widow/Widower ____ Divorced

e. Membership In professional societies: _____

e. Are you now a member of the Army, Navy, Air Force, Coast Guard, National Guard, Reserve, Civil Air Patrol, or State Defense Force of another State, in an active or inactive status? ____ Yes ____ No (if yes, give details).

e. Is your service obligation completed? ____ Yes ____ No If no, when will it be completed: _____

e. Have you ever been rejected for military service? ____ Yes ____ No If yes, state when, where, and reason rejected: _____

e. Are you receiving a disability allowance, disability retirement pay, or pension as a result of military service? ____ Yes ____ No If yes give details: _____

e. Have you ever used cocaine, heroin, morphine, or any narcotic not legally prescribed by a physician, had a venereal disease, convulsions or fits, or spells of unconsciousness, or had any mental illness that required professional medical treatment? ____ Yes ____ No If yes give details: _____

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e. To the best of your knowledge and belief, regarding your physical and mental health, are you now sound and well? ____ Yes ____ No If no, give details: _____

e. Have you ever been treated for alcoholism? ____ Yes ____ No If yes give details: _____

e. Have you ever been reclassified/reassigned while in the military service in lieu of court martial? Proceedings? ____ Yes ____ No If yes give places and details: _____

e. Have you ever been court martialed? ____ Yes ____ No If yes, give details (date, place, charge, and details): _____

e. Have you ever been arrested and convicted for other than minor traffic violations? ____ Yes ____ No If yes, give details: _____

e. Education:

(1) Civilian: (list only accredited colleges/universities)
Name of School

No. Years Graduated
Attended Yes / No

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e. Military:

<u>Name of School</u>	<u>Location</u>	<u>Date</u>
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- e. Record of Military Service. (Attach a legible copy of DD Form 214, NGB Form 22, Reserve Release Order, to show proof of each period of service indicated. Other documents from military service may be included.) Chronological record of military service (Army, Navy, Air Force, Marine Corps, Coast Guard, Reserve, Indiana Guard Reserve, State Defense Force of another state, etc.)

Dates (Month & Year)

<u>From</u>	<u>To</u>	<u>Grade</u>	<u>Organization</u>	<u>Duty Performed</u>
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3. Medical History:

e. Personal Physician: _____

(Name) (Location) (Area Code + Phone Number)

e. Hospital: _____

(Name) (Location) (Area Code + Phone Number)

e. Medical Conditions: _____

e. Medications: _____

e. Allergies: _____

e. Past Medical Treatment: _____

e. Remarks - Any other information you may desire to submit:

e. The following documents are attached: (Check each item that applies)

ITEM NUMBER:

- ___ 1. * Birth Certificate. (Not required if DOB is verified by documents in item 3 below).
- ___ 2. Proof of Naturalization. (if applicable)
- ___ 3. Proof of Service. (DD Form 214, NGB Form 22, Reserve Release Orders.). (Document ALL periods served).
- ___ 4. Last 3 copies of OER, EER, and/or Equivalent Forms.
- ___ 5. License to Practice and/or Certificate. Copy of Degree and/or transcript.
- ___ 6. Ecclesiastical Endorsement.
- ___ 7. Personal Resume. (Officer candidates must state what they offer the IGR)
- ___ 8. Diplomas (Any schools)
- ___ 9 * Photograph
- ___ 10. * Skill Assessment Form

e. Required item. NOTE: Attach documents to verify all checked items. Failure to do so will delay your application processing.

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6. a. I understand that membership in the Indiana Guard Reserve does not entitle me to the use of federal facilities or any federal benefits at any military Installation.

ε. I understand that I must obtain permission from The Adjutant General in advance in order to wear the Indiana Guard Reserve Uniform outside the State of Indiana.

ε. I am not now a current member or associated with any unorganized Militia/Extremist group.

ε. I have never been convicted of a Misdemeanor Crime of Domestic Violence under I.C. 35-42-2-1 after 30 September 1996, and that I do not have any Domestic Violence charges currently pending.

ε. I affirm that the above is true and correct to the best of my knowledge and belief, and I understand that any false statement, willful misrepresentation, or concealment as to qualification for Appointment or Enlistment in the Indiana Guard Reserve makes me liable to have appropriate action taken against me for fraudulent entry and may result in immediate administrative discharge.

(Signature of Applicant)

(Date Signed)

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CRIMINAL BACKGROUND CHECK REQUIRED FOR ADMISSION TO THE INDIANA GUARD RESERVE

Your interest in serving in the Indiana Guard Reserve is greatly appreciated. However, enlistment or commissioning in the Indiana Guard Reserve is not a right.

Considering Indiana Guard Reserve mission requirements and the present world threat of terrorism, increased security is required. Therefore, all persons applying to serve in the Indiana Guard Reserve must undergo a criminal background check as part of the application process. The Indiana Guard Reserve will pay the cost for such a background check if it appears that you otherwise may qualify.

If you wish to apply to the Indiana Guard Reserve, you must give your permission to the Indiana Guard Reserve to obtain a criminal background check. The information from this criminal background check will be confidential and only used for purposes of your application to the Indiana Guard Reserve. This permission to obtain a background check will become null and void ninety (90) days after the date of your written permission.

If you are not admitted to the Indiana Guard Reserve because of adverse information in the background check, you will be so informed and given the reason. However, as you did not pay for the background check, you will not be given a copy of it, but you will be given the information necessary for you to obtain it yourself.

PERMISSION TO OBTAIN A CRIMINAL BACKGROUND CHECK

I, _____, hereby give my permission to the Indiana Guard Reserve, Military Department of Indiana, Indianapolis, Indiana, to obtain a criminal background check concerning me as part of my application process for enlistment or commissioning in the Indiana Guard Reserve.

I understand this background check will be treated as confidential information and only for application purposes to the Indiana Guard Reserve, and further, that this permission will become null and void ninety (90) days after the below stated date.

Signature

Printed Signature

Date

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SKILLS ASSESSMENT

NAME:		SSN: (last 4 nbrs)			
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Home Address:		Email:	
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Date completed		Present Occupation	
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<p>Trades:</p> <input type="checkbox"/> Bricklayer <input type="checkbox"/> Carpenter <input type="checkbox"/> Plumber <input type="checkbox"/> HAVAC <input type="checkbox"/> Concrete worker	<p>Computer:</p> <input type="checkbox"/> Repair <input type="checkbox"/> Programmer <input type="checkbox"/> Data Entry <input type="checkbox"/> Personal Use	<p>Enforcement/Protection</p> <input type="checkbox"/> Police Officer <input type="checkbox"/> Instructor <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Private Security Guard	<p>Medical</p> <input type="checkbox"/> Doctor <input type="checkbox"/> EMT <input type="checkbox"/> Nurse <input type="checkbox"/> PA <input type="checkbox"/> Optometrist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Pharmacist <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Assistant
<p>Teacher</p> <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> College/university	<p>Transportation</p> <input type="checkbox"/> Private Pilot <input type="checkbox"/> Truck Driver (CDL) <input type="checkbox"/> Bus Driver (CDL) <input type="checkbox"/> Dispatcher <input type="checkbox"/> HAZMAT End <input type="checkbox"/> Mechanic	<p>Foreign Language</p> <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Japanese	<p>Communications</p> <input type="checkbox"/> Amateur Radio Lic <input type="checkbox"/> CB Radio
<p>Military (include IGR)</p> <input type="checkbox"/> Instructor <input type="checkbox"/> MP <input type="checkbox"/> Operations <input type="checkbox"/> Intelligence <input type="checkbox"/> Logistics <input type="checkbox"/> Administration <input type="checkbox"/> Security <input type="checkbox"/> Communications	<p>Military Drivers License</p> <input type="checkbox"/> Sedan <input type="checkbox"/> Bus	<p>Business Office</p> <input type="checkbox"/> Management/Admin <input type="checkbox"/> Secretary <input type="checkbox"/> Clerk <input type="checkbox"/> Public Speaking <input type="checkbox"/> HR <input type="checkbox"/> Contract Writer	<p>Civilian Education</p> <input type="checkbox"/> High school <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Law Degree <input type="checkbox"/> Medical Degree <input type="checkbox"/> Prof Engineer (PE)
<p>Other Pertinent Information</p> <input type="checkbox"/>	<p>Hazardous Materials</p> <input type="checkbox"/> NBC <input type="checkbox"/> WMD <input type="checkbox"/> HAZMAT	<p>Legal</p> <input type="checkbox"/> Attorney <input type="checkbox"/> Paralegal	<p>Other Occupation not listed</p> <input type="checkbox"/>
		<p>Equipment Operator</p> <input type="checkbox"/> Fork Lift <input type="checkbox"/> Bulldozer <input type="checkbox"/> Road grader	

(Note: This form is removed and forwarded for input into a computer database.)