

The following pages are examples of what your packet should include and look like. If you have any questions email or office at

ng.mo.moarng.mbx.ifmo-hrt-agr-job-applications@mail.mil

or call 573-638-9500 ext. 39757 or 39674

APPLICATION FOR ACTIVE GUARD/RESERVE (AGR) POSITION

The proponent agency is ARNG-HRH. The prescribing directive is NGR (AR) 600-5 / ANGI 36-101

PRIVACY ACT STATEMENT

AUTHORITY: Title 32 USC 502(f), AR 135-18, NGR (AR) 600-5, ANGI 36-101.

PRINCIPAL PURPOSE: To provide information for use in determining eligibility/qualifications for Active Guard/Reserve (AGR) 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 AGR program.

POSITION ANNOUNCEMENT # A17- 085	POSITION TITLE Supply NCO		
NAME (Last, First, Middle) Smith, Snuffy Alvin		DATE OF BIRTH (yyyymmdd) 19690101	
CURRENT HOME ADDRESS (Street, City, State, Zip Code) 123 Summit Ave., Jefferson City, MO 65101		HOME PHONE (123) 456-7890 OFFICE PHONE (573) 638-9500	
DATE OF ENLISTMENT (Enlisted) 20051230	GRADE E-6	MOS/SSI/AFSC 42A30	ETS DATE 20181229
DATE OF FEDERAL RECOGNITION (OfficerAWO)	GRADE	BRANCH	MRD DATE
SECURITY CLEARANCE SECRET			

SECTION I - EDUCATION AND SPECIAL QUALIFICATIONS

1. COLLEGE OR UNIVERSITY (Accredited Colleges only, attach separate sheet(s) if necessary.)

Name, City & State	Date From	Date To	Degree Program	Credit Hours	Quarter/Semester
Columbia College	20061023	20080811	Business	99.0	Semester
Chief Undergraduate Subject Business Administration					
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.)

I am proficient in the use of all Microsoft Office applications including Excel, Word, Access, and Outlook.

I am also proficient in the use of iPERMS, My Unit Pay, and RCAS and use them on a daily basis.

I am UPL, and HIPAA Certified.

I can type 50 words per minute.

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: YES NO

1. NAME AND ADDRESS OF CURRENT EMPLOYER DET 7 RSP, R&R BN 2740 Hwy P, Festus, MO 63028	DATES EMPLOYED		AVERAGE HRS. PER WEEK
	FROM 20080915	TO	50
TITLE OF POSITION RSP SGT	IMMEDIATE SUPERVISOR & PHONE NUMBER MSG Tom Thumb 234-567-8901		NUMBER OF EMPLOYEES YOU SUPERVISED 1
TYPE OF BUSINESS MILITARY (AGR)	YOUR REASON FOR LEAVING DIVERSITY OF ASSIGNMENT		

DESCRIPTION OF WORK (Describe your specific responsibilities and accomplishments)

Tracking all administrative tasks, mandatory training and the completion of Army warrior tasks required by NGB using the Vulcan database. Maintaining a spreadsheet using Microsoft Excel that calculates our strengths and weaknesses in maintaining our NGB metrics. Creating training schedules and teaching classes using Microsoft Power Point and hands on training. Other tasks completed using My Unit Pay, Iperms and RCAS.

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

27th Recruiting and Retention Bn

FROM 20060217 TO 20080915

40

TITLE OF POSITION

IMMEDIATE SUPERVISOR & PHONE NUMBER

NUMBER OF EMPLOYEES YOU SUPERVISED

PER SVC SGT

SFC John W. Booth 345-678-9012

0

TYPE OF BUSINESS

YOUR REASON FOR LEAVING

MILITARY (ADSW)

Selected for AGR RSP Coordinator position

DESCRIPTION OF WORK (Describe your specific responsibilities and accomplishments)

Prepares and processes request for transfers or reassignments. Prepares orders and request for orders. Monitors suspense actions. Processes personnel for separation and retirement. Types correspondence and forms in draft and final copy. Input pay for 8 RSP Detachments. Prepare DA 4187s for promotion and address changes for all RSP Soldiers. Iperm documents for RSP Soldiers returning from training. Assist in training new hire RSP Area Coordinators.

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
20080918	20160601	X	X		E-6	MO Recruiting and Retention BN	RSP SGT
20060217	20080917	X	X		E-6	MOARNG ELE JFHQ (-)	HR SPEC (ADSW)
20051230	20060216		X		E-5	MOARNG ELE JFHQ (-)	PER SVC SGT
19880201	20051229		X		E-5	1035th MAINT CO	SUPPLY TECH

2. MILITARY TRAINING

FORMAL MILITARY SCHOOLING COMPLETED

COURSE TITLE AND NUMBER	DURATION OF COURSE		CORRESPONDENCE COURSES	
	WEEKS	DAYS	COURSE/SUBCOURSE TITLE	COURSE HOURS
UNIT PREVENTION LEADER CRS	1			
ADVANCED LDR CRS	2			
UNIT ADMIN CRS	1			
PERS INFO CRS	1			
VULCAN DB USER	1			
UNIT CLERK CRS	3			
75D PHI	1			

3. MILITARY QUALIFICATIONS (List any primary MOS/SSI which has been awarded on orders.)

MOS/SSI/AFSC	DATE AWARDED	INDICATE HOW QUALIFICATIONS WERE OBTAINED (Service School, On the Job Training, Civilian Experience, etc.)
42A	20051230	SERVICE SCHOOL
92A	19930708	SERVICE SCHOOL

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.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Within the last five years, have you been fired for any reason?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Within the last five years, have you quit a job after being notified that you would be fired?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Have you ever been convicted, forfeited collateral, or now under charges for any felony or firearms or explosives offense against the law?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. While in the military, have you ever been convicted by a General Court Martial?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Have you ever been removed from military service due to unsuitability?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Will you be able to complete a minimum of 5 years of continuous AGR Service prior to completing 18 years of Active Federal Service or your Mandatory Removal Date (MRD)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Have you been involuntarily removed from unit (Selected Reserve) service based on maximum years of service, qualitative retention or selective retention board action?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Do you currently possess or is a report of suspension of favorable actions pending?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Have you voluntarily separated from the AGR Program in any State for one or more days within the past year? (ARNG Applicants Only)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Have you been voluntarily separated from the AGR Program or voluntarily separated in lieu of adverse action?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)?

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.

6. My brother is active duty with the Air Force and currently stationed in Japan (LTC John M. Doe) .

7. I am Eligible for Retired Pay for Non-Regular Service (20 Years).

Make sure all YES answers are explained in this section except for 9 & 17

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.

Must be signed and dated

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 <i>Smully Smith</i>	DATE 20170301
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STATEMENT OF CONDITIONS OF SERVICE - ACTIVE GUARD RESERVE (AGR)

For use of this form, see AR 135-18; the proponent agency is HQDA, G-1

Information required by the Privacy Act of 1974

- AUTHORITY:** 10 USC 672 (d) and Executive Order 9397, 22 November 1943.
- PRINCIPLE PURPOSE:** To explain the obligations and conditions that are, or will be, in force for members of the U.S. Army Reserve ordered to active duty with their consent in an Active Guard/Reserve (AGR) status.
- ROUTINE USES:** Confirmation that the individual understands and agrees to the obligations and conditions that will be incurred upon entry, or continued services on, active duty in an AGR status.
- DISCLOSURE:** Disclosure is voluntary; however, failure to provide information may impede processing of this application packet.
-

I. APPLICATION

- A. All individuals applying for voluntary active duty in an AGR status must read and sign this form.
- B. The form shall only be completed once and shall remain in force during the entire period the individual serves on active duty in the AGR program, to include periods of active duty for training (ADT) performed while in the AGR program. Should the individual incur a break in continuous active duty in the AGR program in excess of 48 hours, the form must again be completed upon reentry on active duty in the AGR program.
- C. A copy of this form will be given to the individual as a personal copy. A copy will be retained in the individual's Army Management Human Resource Record.
-

II. ACTIVE GUARD/RESERVE CONDITIONS AND OBLIGATIONS

SM types/prints name

(The following provisions are applicable to all personnel signing this form.)

1. I, Snuffy A. Smith, understand that upon voluntary entry on active duty in an AGR status:
Type or Print Name
 - a. I will be subject to the Uniform Code of Military Justice (UCMJ)
 - b. I will be managed under the rules and regulations governing the USAR AGR centralized management system to include assignments, promotion, and reduction.
 - c. I will be considered for continuation or renewal on AGR status under the criteria of AR 135-18.
2. I am aware that my job assignment may require successful completion of a course, or courses, of instruction by military institutions. Residency at such institutions may require periods of time away from my family and may require that I be placed in an active duty for training (ADT) status during such training.
3. I am aware that my voluntary entry on active duty in an AGR status does not guarantee that I will be offered a subsequent AGR tour or that I will attain 20 years of Active Federal Service for retirement purposes.
4. I am aware that I will be subject to all regulations applicable to Active Component personnel, except as specified in AR 135-18 and other regulations pertaining to the AGR program.
5. I am aware that I will be subject to involuntary relief from active duty under the provisions of AR 135-18, AR 635-100 (officers) or AR 635-200 (enlisted).

6. If entering on my initial AGR tour, I understand that I will not be involuntarily reassigned during that initial tour if such reassignment involves the expenditure of funds, except:

- a. In time of war or national emergency declared by the President or by Congress;
- b. If the unit or position to which I am assigned or attached is inactivated or relocated; or
- c. I am relieved from my duty assignment or attachment for cause. I understand that if I enter on a subsequent AGR tour I will be subject to paragraph 8 below.

7. If entering on an AGR tour including the initial AGR tour, I am aware that I may be involuntarily reassigned to meet the needs of the Army at any time.

8. Unless on a one time occasional tour, I understand that I will be automatically considered for successive tours of active duty in the AGR program, and this form is also my consent to be ordered to active duty for those tours if I am selected. I further understand that I may withdraw my consent to a new tour of active duty in writing but must do so within 10 days of receipt of orders to a new tour of active duty or I will be obligated to serve on active duty for the period of that tour.

III. STATEMENT ACKNOWLEDGING CONDITIONS AND OBLIGATIONS

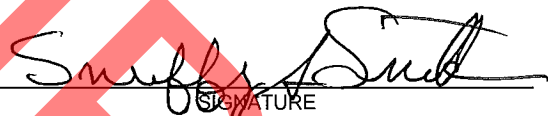
I, the undersigned, acknowledge that I have read and understand all of the conditions and obligations of service as specified on this statement. No other conditions or promises were made to me in conjunction with my entry or continuation in the AGR program.

Snuffy A. Smith
TYPED OR PRINTED NAME

SSG
RANK

SM signs & dates

20171016
DATE SIGNED


SIGNATURE

Army Physical Fitness Test Scorecard										SMITH, Snuffy Alvin	
For use of this form, see FM 7-22; the proponent agency is TRADOC.										GENDER MALE	
										UNIT MISSOURI RECRUITING & RETENTION BN	
TEST ONE			TEST TWO			TEST THREE			TEST FOUR		
DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE
20141106	E-6	45	20150430	E-6	45	20151030	E-6	46	20160429	E-6	46
HEIGHT (IN INCHES)			HEIGHT (IN INCHES)			HEIGHT (IN INCHES)			HEIGHT (IN INCHES)		
BODY COMPOSITION			BODY COMPOSITION			BODY COMPOSITION			BODY COMPOSITION		
WEIGHT: <input type="checkbox"/> 150 <input type="checkbox"/> 155 <input type="checkbox"/> 160 <input type="checkbox"/> 165 <input type="checkbox"/> 170 <input type="checkbox"/> 175 <input type="checkbox"/> 180 <input type="checkbox"/> 185 <input type="checkbox"/> 190 <input type="checkbox"/> 195 <input type="checkbox"/> 200			WEIGHT: <input type="checkbox"/> 150 <input type="checkbox"/> 155 <input type="checkbox"/> 160 <input type="checkbox"/> 165 <input type="checkbox"/> 170 <input type="checkbox"/> 175 <input type="checkbox"/> 180 <input type="checkbox"/> 185 <input type="checkbox"/> 190 <input type="checkbox"/> 195 <input type="checkbox"/> 200			WEIGHT: <input type="checkbox"/> 150 <input type="checkbox"/> 155 <input type="checkbox"/> 160 <input type="checkbox"/> 165 <input type="checkbox"/> 170 <input type="checkbox"/> 175 <input type="checkbox"/> 180 <input type="checkbox"/> 185 <input type="checkbox"/> 190 <input type="checkbox"/> 195 <input type="checkbox"/> 200			WEIGHT: <input type="checkbox"/> 150 <input type="checkbox"/> 155 <input type="checkbox"/> 160 <input type="checkbox"/> 165 <input type="checkbox"/> 170 <input type="checkbox"/> 175 <input type="checkbox"/> 180 <input type="checkbox"/> 185 <input type="checkbox"/> 190 <input type="checkbox"/> 195 <input type="checkbox"/> 200		
BODY FAT: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30			BODY FAT: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30			BODY FAT: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30			BODY FAT: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30		
PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS
45	ANC	77	45	WEF	77	41	THH	72	54	KYP	87
SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS
42	ANC	70	50	WEF	78	41	THH	69	50	KYP	78
2AR RAW SCORE	INITIALS	POINTS	2AR RAW SCORE	INITIALS	POINTS	2AR RAW SCORE	INITIALS	POINTS	2AR RAW SCORE	INITIALS	POINTS
ALTERNATE AEROBIC EVENT			ALTERNATE AEROBIC EVENT			ALTERNATE AEROBIC EVENT			ALTERNATE AEROBIC EVENT		
EVENT WALK			EVENT WALK			EVENT WALK			EVENT WALK		
TIME 33:50			TIME 33:54			TIME 33:46			TIME 32:45		
GO <input checked="" type="checkbox"/> NO-GO <input type="checkbox"/>			GO <input checked="" type="checkbox"/> NO-GO <input type="checkbox"/>			GO <input checked="" type="checkbox"/> NO-GO <input type="checkbox"/>			GO <input checked="" type="checkbox"/> NO-GO <input type="checkbox"/>		
TOTAL POINTS 147			TOTAL POINTS 155			TOTAL POINTS 141			TOTAL POINTS 165		
NCO/CO SIGNATURE			NCO/CO SIGNATURE			NCO/CO SIGNATURE			NCO/CO SIGNATURE		
[Signature]			[Signature]			[Signature]			[Signature]		
COMMENTS			COMMENTS			COMMENTS			COMMENTS		
RECORD GO			RECORD PASS			RECORD PASS			RECORD PASS		

Last "FOR RECORD" PT test must be within 1 year of announcement closing date unless SM is AGR then must be within 6 Months of announcement closing date

RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES

(Read Privacy Act Statement and Instructions on back before completing this form.)

Form Approved
OMB No. 0704-0173
Expires Sep 30, 2003

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0173), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

A. SERVICE PROCESSING FOR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> G	B. PRIOR SERVICE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF DAYS:	C. (1) DIEUS (YYYYMMDD) (2) DIERC (YYYYMMDD)	D. SELECTIVE SERVICE CLASSIFICATION	E. SELECTIVE SERVICE REGISTRATION NO.
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SECTION I - PERSONAL DATA

1. SOCIAL SECURITY NUMBER Smith, Snuffy Alvin		2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.) Williamson, Aaron Ray		
3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code) Smith, Snuffy Alvin		4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code) Smith, Snuffy Alvin		
5. CITIZENSHIP (X one) <input checked="" type="checkbox"/> a. U.S. AT BIRTH (If this box is marked, also X (1) or (2)) <input checked="" type="checkbox"/> (1) NATIVE BORN <input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S) b. U.S. NATURALIZED c. U.S. NON-CITIZEN NATIONAL d. IMMIGRANT ALIEN (Specify) e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)		6. SEX (X one) <input checked="" type="checkbox"/> a. MALE <input type="checkbox"/> b. FEMALE		7.a. RACIAL CATEGORY (X only one) <input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN/PACIFIC ISLANDER <input checked="" type="checkbox"/> (3) BLACK <input checked="" type="checkbox"/> (4) WHITE
10. DATE OF BIRTH (YYYYMMDD) Smith, Snuffy Alvin		11. RELIGIOUS PREFERENCE (Optional) Roman Catholic		12. EDUCATION (Yrs/Highest Ed Gr Completed) HSDG 12L
14. VALID DRIVER'S LICENSE (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, list State, number, and expiration date) P160223001, 20100718, MO		15. PLACE OF BIRTH (City, State and Country) Garden City, KS, USA		
7.b. ETHNIC CATEGORY <input checked="" type="checkbox"/> (1) HISPANIC OR LATINO <input checked="" type="checkbox"/> (2) NOT HISPANIC OR LATINO		9. MARITAL STATUS (Specify) Married		9. NUMBER OF DEPENDENTS 4
13. PROFICIENT IN FOREIGN LANGUAGE (If Yes, specify. If No, enter NONE.)		1st <input type="checkbox"/> 2nd <input type="checkbox"/>		

SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES
(FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION - Go on to Page 2, Question 20.)

16. APTITUDE TEST RESULTS																																																																																																																																																																																																																																									
a. TEST ID	b. TEST SCORES			AFQT PERCENTILE	GS	AR	WK	PC	NO	CS	AS	MK	MC	EI	VE																																																																																																																																																																																																																										
17. DEP ENLISTMENT DATA																																																																																																																																																																																																																																									
a. DATE OF DEP ENLISTMENT (YYYYMMDD)				b. PROJ ACTIVE DUTY DATE (YYYYMMDD)				c. ES		d. RECRUITER IDENTIFICATION			e. PROGRAM ENLISTED FOR																																																																																																																																																																																																																												
f. T-E MOS/AFS		g. WAIVER (1)		(2)		(3)		(4)		(5)		(6)		h. PAY GRADE																																																																																																																																																																																																																											
18. ACCESSION DATA																																																																																																																																																																																																																																									
a. ENLISTMENT DATE (YYYYMMDD) 20051230				b. ACTIVE DUTY SERVICE DATE (YYYYMMDD)				c. PAY ENTRY DATE (YYYYMMDD)				d. TOE 6																																																																																																																																																																																																																													
a. WAIVER (1)		(2)		(3)		(4)		(5)		(6)		f. PAY GRADE E B 0 5 2 0 0 5 1 2 3 0		g. DATE OF GRADE (YYYYMMDD) 0																																																																																																																																																																																																																											
j. RECRUITER IDENTIFICATION 374842154				k. PROGRAM ENLISTED FOR 10500				l. T-E MOS/AFS		m. P/MOS/AFS 42A20		n. YOUTH Y Y 0 Y Y		o. CA N O T A P P I		p. TRANSFER TO (UIC) 1 0 7 1																																																																																																																																																																																																																									
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REDD Report

SSN: Smith, Snuffy Alvin | Name: Smith, Snuffy Alvin | Sex: M | Birth Date: Smith, Snuffy Alvin

Category	Service	Retirement Type	Begin	End	RSVCC	Pay Plan	Pay Grade	Occ. Code	UIC	Projected End Date
National Guard	Army		07-17-2001		UX	ME	05	92Y2O	WY3VA0	11-30-2017

PULHES Ratings

Service	P	U	L	H	E	S	Exam Date	DEP Date	Accession Date	Vision
Army Guard	1	1	1	1	1	1	05-2001		05-2001	P

ASVAB Scores

Entry Date	Test Date	Test Form	Test Vers.	AFQT Mep.	AFQT Group	AFQT Calc.					CS
05-31-01	05-31-01	03	D	79	7	79					
GS 62	AR 61	WK 59	PC 62	NO 60	CS 61	AS 55	MK 52	MC 57	EI 60	VE 60	
Army											
GT 123	GM 117	EL 120	CL 117	MM 120	SC 119	CO 121	FA 119	OF 120	ST 118		
Navy											
BC 173	EL 235	E 227	CL 181	GT 121	ME 172	EG 107	CT 242	HM 174	ST 178	MR 173	
Air Force											
M1 076	M2 084	A1 093	A2 071	G 088	E 081						
Marines											
MM 119	CL 118	GT 121	EL 120								
Raw Scores											
GS 22	AR 26	WK 33	PC 15	NO 44	CS 65	AS 17	MK 15	MC 18	EI 16	VE 48	

The database contains U.S.Mepcom-administered ASVAB test data.

AFCT ASVAB tests are valid. Use AFCT ASVAB if AFCT ASVAB test date is more recent.

If Test Date = 999999 or 000000 then use adjacent Entry Date for Test Date.

All dates are in the MM/DD/YY format

If you have any questions or comments about the information presented here, please email the helpdesk at dodhra.dodc-mb.dmdc.mbx.mris-helpdesk@mail.mil

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MRC	1
Personnel	
Name	Smith, Snuffy Alvin
SSN	
Rank	SSG
DOB	Smith, Snuffy Alvin)
Sex	M
UIC / Descr	W902A7 -
Compo	NG
Arrival Date	2011/11/11
Location	MO
MACOM	29
Command	
Duty Title / AOC	/ 00F
Dental	
Dental Class	A 2
Panorex	G Y
Last Dental Exam	2015/11/17
Vision	
Vision Class	R 30
Vision Screening Date	2016/01/26
2PR Glasses	G NA
Mask Inserts	G NA
Mission Required Contact Lenses	NA
Military Combat Eye Protection	Y
Military Combat Eye Protection Inserts	G NA
Last Prescription Date on File	NA
Hearing	
Hearing Class	G NA
Hearing Readiness Status	Go
Audiogram Date	2016/01/26
Triple or Single flange Earplugs Issued?	Y
Equipment	
Hearing Aid	G NA
Medical Warning Tags	G NA
Allergy / Conditions	NA
Occupational Protection	
Respiratory	G NA
Hearing	G NA
Vision	G NA

Physical Assessment Data		
PULHES		112111
PULHES Source		Physical Exam
Current Exam Date	G	2016/04/01
Exam Source		Physical Exam
Physical Category		B
Height		72
Weight		264
Temp Profile		No
Expiration Date		
Flight Status		
Duty Limiting Conditions (DLC)		
DL1	G	N
DL2	G	N
DL3	G	N
DL4	G	N
DL5	G	N
DL6	G	N
DL7	G	N
Pharmacy/Lab/Xray		
Required Medications on Hand	G	NA
Blood Type		B+
HIV Test Date	G	2014/08/01
DNA	G	Y
Sickle Cell Screen		NA
Sickle Cell Screen Date		
G6PD Date		2008/08/03
G6PD Status		Normal
Malaria Questionnaire	G	
Immunizations		
IMM Profile	G	ROUTINE ADULT
Annotated in Deployment Medical Record		
Blood Type		B+
Medication		
Medical Warning Tags		NA
Immunization Record		
Summary Sheet of Medical Problems		Y
Corrective Lens Prescription		NA
Deployment Health Assessments		
Latest Date For	Status	Date
PRE	NA	
Post	NA	
PDHRA	NA	

PHA must be within 1 year of closing date of Job Announcement