



**DEPARTMENTS OF THE ARMY AND AIR FORCE
GEORGIA NATIONAL GUARD COUNTERDRUG TASK FORCE
1651 PERRY STREET, BUILDING 826
DOBBINS AIR RESERVE BASE, GA 30069**

NGGA-JOP-CD

27 October 2020

MEMORANDUM FOR All Applicants for Counterdrug Duty

SUBJECT: Basic Requirements for Counterdrug Duty

Reference: CNGBM 3100.01

1. All Counterdrug applicants must be aware of the following requirements for Counterdrug duty:

A. All applicants must submit to Drug testing (urinalysis) upon entry on active duty, and periodic testing while on active duty. These requirements are in addition to testing by units of assignment under the GA DoD JSAP testing program.

B. All applicants are required to continue attendance at unit drills and annual training while on Counterdrug orders, but you will not receive a monthly drill check.

C. Funding is from year to year, not a long tour order and can be amended at any time due to funding or performance.

D. A criminal records check, and or security screening by a law enforcement agency will be conducted on every applicant.

E. All applicants are expected to adhere to the strict military Standards of Conduct.

1) Members are required to uphold the highest standards of conduct and personal appearance. Outside employment associations, and off-duty conduct/activities must be consistent with federal directives on ethics and with state and federal conflict of interest policies. Outside employment must be approved in advance by the CDC.

2) National Guard members assigned to the Counterdrug Task Force are required to comply with state laws and with DoD 5500.t-R. They are required to uphold the highest standards of conduct and personal appearance.

2. Applicant will complete an employment application provided by the Counterdrug Task Force Office.

3. A letter of recommendation prepared by the unit and signed by the unit commander must accompany the application. Enclosed is a generic format.

4. Applicant must submit a current Report of Physical Examination (DD Form 2808), a current Report of Medical History (DD Form 2807-1) and a PHA. These forms can be obtained from individual files at the unit level.

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5. Applicant will complete the enclosed Initial Medical Review/Annual Medical certificate (ARNG applicants) or AF Form 895/Medical Screening Form (ANG applicants).

6. All requirements must be met for applicant to be considered for Counterdrug Duty. Not all applicants will receive and interview.

7. Questions concerning the application process for the Counterdrug Task Force can be directed to Counterdrug S1 at 678-655-3483.

//////////SIGNED//////////
JUSTIN L. BEAULIEU
LTC, LG, USA
Counterdrug Coordinator



Georgia Counterdrug Task Force Application

AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are eligible to compete for all positions without regard to race, national origin, sex, creed, religion, age or marital status.

Notice: Application must be typewritten or clearly printed in ink. ALL questions must be answered and accompanying documents received PRIOR to processing. If not applicable, indicate NA (not applicable). If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

CHECK POSITIONS APPLYING FOR (fill in blanks as appropriate)

Counterdrug Operations / Position:

Counterdrug DDR / CIV OPS

Counterdrug Intelligence Analyst / Location:

Counterdrug Ground Recon Team

Counterdrug Aviation / Position:

Other- Specify

PERSONAL HISTORY

a. Name in full (Rank/Grade, Last, First, Middle)		b. Social Security Number	
c. List all other names you have used. Include nicknames, maiden name, and previous married surname(s).			
d. Birth date (month, day, year) <i>Provide a copy of your birth certificate</i>	e. Place of birth	f. Are you a U.S. citizen? YES NO	
g. Drivers license number		h. Drivers license state of issue	
i. List other states in which you have had a drivers license issued to you:		j. National Guard Unit of Assignment	

CONTACT INFORMATION

a. Current Mailing address			To schedule appointments, we will need the following: Cell phone # E-mail address: military: Personal:
Street address / P.O. Box		Apt no.	
City	State	Zip code	
b. Permanent address if different from above			
Street address / P.O. Box		Apt. no	
City	State	Zip code	

EDUCATION RECORD

SUBMIT HIGH SCHOOL DIPLOMA AND COLLEGE TRANSCRIPTS WITH THIS APPLICATION

High School: Highest grade completed

High school diploma or equivalent (GED)? Yes No

Name	Address	Dates attended From To	Date Graduated
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College/University: No. of years completed

Name of School and Location	Dates Attended		Credit Received		Field of Study or Area of Concentration	Type of Degree Obtained
	mo/yr	mo/yr	Semester hours	Quarter hours	Major Minor	

- a. If you are working toward a degree, please give the anticipated completion date.
- b. Has any disciplinary action, including scholastic probation and dismissal, ever been taken against you during your academic career?
 Yes No If yes, complete the following
- | | | |
|--|--------|------|
| | School | Date |
|--|--------|------|
- Type of action taken:
- c. List awards, honors, citations, athletic endeavors, and any other special recognition you received.
- d. List any special abilities (Computer skills, etc.), special interests or hobbies:
- e. List languages, including American Sign Language (ASL), in addition to English that you speak, read, and write fluently:
- f. If you are licensed or certified to practice a trade or profession, complete the following:
- | | |
|-----------|--------------------|
| Specialty | License issued by: |
|-----------|--------------------|

DRUG USE-RECREATIONAL / EXPERIMENTAL

Type(s) of illegal Drug used:	From: (mo/yr)	To: (mo/yr)
Last time you have used Illegal drugs:	From: (mo/yr)	To: (mo/yr)

All parties completing this application understand that they are subject to polygraph testing and questioning within may be used.

RESIDENCE HISTORY

List chronologically ALL your residences in the past 10 years (include addresses while attending school if away from home, and all military addresses including any off military base).

Dates From To		Apt. No	Street Address	City, State	County

FINANCIAL RECORD

- a. What is the total amount of your monthly financial obligations?
- b. Are monthly financial obligations kept current? Yes No
If no, explain:
- c. Do you have any sources of income other than your salary? Yes No
If yes, explain:

All parties completing this application understands that they are subject to polygraph testing and questioning within may be used.

COURT RECORD

- a. Have you ever been arrested or charged with any violation including traffic citations, but not parking tickets? Yes No
(List **all** such matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral.)

Date	Place	Charge	Final Disposition	Details

- b. Has any member of your immediate family, i.e. spouse, parents, brother, or sister every been arrested for any violation other than traffic? Yes No If yes, list below:

- c. Have you ever been a plaintiff or defendant in any court action (including divorce)? Yes No
If yes, give date, place, court names of parties involved, nature of action, and final disposition.

All parties completing this application understands that they are subject to polygraph testing and questioning within may be used.

SELECTIVE SERVICE / MILITARY RECORD

a. Have you ever (check all that apply): <div style="display: flex; justify-content: space-between;"> Registered with the Selective Service, if applicable? Yes No </div> <div style="display: flex; justify-content: space-between;"> Applied for a position with any branch of the Armed Forces of the United States? Yes No </div> <div style="display: flex; justify-content: space-between;"> Been rejected by any branch of the Armed Forces for any reason? Yes No If yes, state reason(s): </div> <div style="display: flex; justify-content: space-between;"> Been inducted into any branch of the Armed Forces? Yes No </div> <p>If yes, complete sections b-h</p> <div style="display: flex; justify-content: space-between;"> Served on active duty in any branch of the Armed Forces? Yes No </div> <p>If yes, complete sections b-h</p>			
b. Dates of active duty (month, day and year) c. Branch of military service d. Highest rank attained e. DOD ID <div style="display: flex; justify-content: space-between;"> From To </div>			
f. Type of Discharge Date DD-214 form Recorded <div style="display: flex; justify-content: space-between;"> County State </div> <p>Provide a copy of your DD-214 with application.</p>		g. National Guard Information <div style="display: flex; justify-content: space-between;"> Yes No </div> State. Unit Location	
h. Was any type of disciplinary action taken against you in the service? Yes No Nature of disciplinary action?			

ORGANIZATION MEMBERSHIP

- a. Are you now, or have been a member of any club, society or organization?** Yes No
If yes, list below. *Do not abbreviate.*

Organization	City and State	Dates	List position(s) held and extent of activity

VOLUNTEER ACTIVITIES / EMPLOYMENT

Volunteer activities (including volunteer fire fighting, police or sheriff reserve and civic activities)

Sponsoring Organization	City and State	Dates	List position(s) held and extent of activity

EMPLOYMENT

List your work experience, starting with the most recent going back seven years. Include summer and part-time employment. If unemployed for a period of time indicate and set forth dates of unemployment.

a. Name of employer Address City & State Phone #	Dates of employment Salary Position and kind of work Name of supervisor Reason for leaving
b. Name of employer Address City & State Phone #	Dates of employment Salary Position and kind of work Name of supervisor Reason for leaving
c. Name of employer Address City & State Phone #	Dates of employment Salary Position and kind of work Name of Supervisor Reason for leaving
d. Name of employer Address City & State Phone #	Dates of employment Salary Position and kind of work Name of supervisor Reason for leaving
e. Name of employer Address City & State Phone #	Dates of employment Salary Position and kind of work Name of supervisor Reason for leaving
f. Name of employer Address City & State Phone #	Dates of employment Salary Position and kind of work Name of supervisor Reason for leaving

RELATIVES

Provide complete name, including middle name (*no initials*) and complete address

a. Father <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">City</div> <div style="width: 30%;">State</div> <div style="width: 30%;">Zip code</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Birth date</div> <div style="width: 30%;">Phone #</div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Employer</div> <div style="width: 20%;">Phone #</div> </div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">City</div> <div style="width: 30%;">State</div> <div style="width: 30%;">Zip code</div> </div> <div style="margin-top: 5px;">Occupation</div>
b. Mother <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">City</div> <div style="width: 30%;">State</div> <div style="width: 30%;">Zip code</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Birth date</div> <div style="width: 30%;">Phone #</div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Employer</div> <div style="width: 20%;">Phone #</div> </div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">City</div> <div style="width: 30%;">State</div> <div style="width: 30%;">Zip code</div> </div> <div style="margin-top: 5px;">Occupation</div>
c. Spouse (If wife, include maiden name) <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">City</div> <div style="width: 30%;">State</div> <div style="width: 30%;">Zip code</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Birth date</div> <div style="width: 30%;">Phone #</div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Employer</div> <div style="width: 20%;">Phone #</div> </div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">City</div> <div style="width: 30%;">State</div> <div style="width: 30%;">Zip code</div> </div> <div style="margin-top: 5px;">Occupation</div>

d. Children

Child's Name <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">City</div> <div style="width: 30%;">State</div> <div style="width: 30%;">Zip code</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Birth date</div> <div style="width: 30%;">Phone #</div> </div>	Child's Name <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">City</div> <div style="width: 30%;">State</div> <div style="width: 30%;">Zip code</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Birth date</div> <div style="width: 30%;">Phone #</div> </div>
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RELATIVES (continued)

e. Other relatives (brothers, sisters, step parents, step brothers, step sisters)

Name and relationship Street Address City State Zip code Birth date Phone #	Employer Phone # Street Address City State Zip code Occupation
Name and relationship Street Address City State Zip code Birth date Phone #	Employer Phone # Street Address City State Zip code Occupation
Name and relationship Street Address City State Zip code Birth date Phone #	Employer Phone # Street Address City State Zip code Occupation
Name and relationship Street Address City State Zip code Birth date Phone #	Employer Phone # Street Address City State Zip code Occupation
Name and relationship Street Address City State Zip code Birth date Phone #	Employer Phone # Street Address City State Zip code Occupation

Do you have any relatives/friends currently employed with the Georgia Department of Public Safety?			Yes	No
Name:	Relationship:	Division:		
Name:	Relationship:	Division:		

REFERENCES

Give three references (not relatives, present employers, or school teachers) who are responsible adults of reputable standing in their communities, preferably those who have known you well during the past five years. If retired, give former occupation.

a. Complete name	Occupation	No. yrs. acquainted
Home address		Phone #
Business name and address		Phone #
b. Complete name	Occupation	No. yrs. acquainted
Home address		Phone #
Business name and address		Phone #
c. Complete name	Occupation	No. yrs. acquainted
Home address		Phone #
Business name and address		Phone #

Georgia Counterdrug Task Force

UNDERSTANDING OF APPLICATION PROCEDURE

I, _____, understand that my application will **NOT** be processed for a position with the Georgia Counterdrug Task Force unless all required materials have been completely filled out and included with the application. I understand that I must submit the following materials in order for my application to be processed:

Initial each item once document is obtained

- ___ Application form
- ___ Screening Packet (Originals)
- ___ High school diploma
- ___ College transcripts (if applicable)
- ___ Copy of birth certificate
- ___ Copy of your driver's license
- ___ Copy of your driving history record obtained from DMV
- ___ Copy of DD214 (Military discharge paper) as applicable
- ___ Letter of Recommendation from unit commander (see template on pg. 12)
- ___ Current record APFT (DA FORM 705) Army / AF FORM 4446 Air Force
- ___ Current RPAM statement
- ___ Medical Readiness (print off from AKO)

I understand that I must meet and maintain all minimum qualification standards, including physical requirements and personal conduct, from the time my application is submitted through the end of the selection process. I understand that providing false, misleading and/or incomplete information is grounds for exclusion from the selection process or discharge if discovered subsequent to employment.

(Signature of Applicant)

_____/_____/_____
(Date)

Georgia Counterdrug Task Force

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the State of Georgia, Department of Public Safety, Department of Personnel or the Georgia Counterdrug Task Force, whether the said records are of a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Georgia Counterdrug Task Force. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Georgia Counterdrug Task Force from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and/or fax of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

(Signature of Applicant)

(Date)

The Georgia Counterdrug Task Force is an equal opportunity employer.

INITIAL MEDICAL REVIEW – ANNUAL MEDICAL CERTIFICATE For use of this form, see AR 40-501; the proponent agency is OTSG			
DATA REQUIRED BY THE PRIVACY ACT			
Authority	Section 133, title 10, United States Code (10 USC 133)		
Purpose	The primary use of this information is to provide medical information of sufficient detail to ensure uniformity in medical evaluation.		
Routine Uses	Used to evaluate soldiers in terms of medical conditions and physical defects which may require medical care or which may require a determination of medical fitness for duty		
Disclosure	The requested information is mandatory because of the need to document all medical incidents in view of future rights and benefits. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.		
PART I – COMPLETED BY SOLDIER			
Please check the appropriate response column for each question below			YES
1. Do you currently have any medical/dental problems?			
2. Have you had any medical or dental problems since your last periodic physical examination?			
3. Have you been seen by or been treated by a dentist, physician, or other health care provider since your last periodic physical examination?			
4. Have you been hospitalized or had surgery since your last periodic physical examination?			
5. Are you currently taking medication, or have you taken prescription medication since your last examination?			
6. Are you currently or have you in the past received a VA Disability, Workmen's Compensation, or other type of compensation for health or physical reason?			
7. LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING			
8. EXPLAIN ANY POSITIVE ANSWERS GIVEN ABOVE			
I certify that the above information is true and correct to the best of my knowledge. I further understand that false statements made on this form may be cause for reassignment, discharge, or other disciplinary action.			
9. SSN			11. DATE
13a PRINTED/TYPED NAME		13b SIGNATURE	

DA FORM 7349-R, MAR 95