

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.

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(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><b>Trades:</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%; border: 1px solid black;"></td><td>Bricklayer</td></tr> <tr><td style="border: 1px solid black;"></td><td>Carpenter</td></tr> <tr><td style="border: 1px solid black;"></td><td>Plumber</td></tr> <tr><td style="border: 1px solid black;"></td><td>HAVAC</td></tr> <tr><td style="border: 1px solid black;"></td><td>Concrete worker</td></tr> </table> <p><b>Teacher</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%; border: 1px solid black;"></td><td>Elementary School</td></tr> <tr><td style="border: 1px solid black;"></td><td>Middle School</td></tr> <tr><td style="border: 1px solid black;"></td><td>High School</td></tr> <tr><td style="border: 1px solid black;"></td><td>College/ university</td></tr> </table> <p><b>Military (include IGR)</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%; border: 1px solid black;"></td><td>Instructor</td></tr> <tr><td style="border: 1px solid black;"></td><td>MP</td></tr> <tr><td style="border: 1px solid black;"></td><td>Operations</td></tr> <tr><td style="border: 1px solid black;"></td><td>Intelligence</td></tr> <tr><td style="border: 1px solid black;"></td><td>Logistics</td></tr> <tr><td style="border: 1px solid black;"></td><td>Administration</td></tr> <tr><td style="border: 1px solid black;"></td><td>Security</td></tr> <tr><td style="border: 1px solid black;"></td><td>Communications</td></tr> </table> <p><b>Other Pertinent Information</b></p> <table style="width:100%; 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