



**HEADQUARTERS  
ARMY DIVISION, NEW YORK GUARD  
O'NEILL HALL, CAMP SMITH  
CORTLANDT MANOR, NY 10567-5000  
914 739-6500**



Please complete the attached application package.

- Answer all questions to the best of your ability.
- Fill out the self-assessment questions on the medical form; the Brigade Surgeon will complete the medical examination section.

Attach a passport- sized photo to your application (head and shoulders view)  
(Take two photos – one as above bring the other with you to HHCs)

Enclose a copy of your New York State Driver's License.

Obtain a letter of good conduct from your local Town or police Department.  
(This is usually a form letter and a basic check will be conducted.)

Obtain two (2) letters of recommendation for you to join the New York Guard.  
These should be from non-relations who have known you for at least 10 years.

If you have served in the Armed Forces; Reserves or National Guard, please submit  
a copy of your Honorable Discharge. (DD214)

Please attach copies of any civilian (resume) or military training schools or course attended if  
they are relevant to the position you are being assigned to in the NYG.

Please submit a copy of your High School diploma and any higher educational  
Institutions if applicable. (raised seal)

.....  
**Meets height and weight standards**

Yes  No

Unit assignment:

NYG FORMS:	650-E (EP)	611-E (Officers)	620-A	88
<u>MOB</u>	600-E(Officers )	<u>615-E</u>	660-E (EP)	<u>625</u>
	<u>620 ( 2 pgs)</u>	661-E (EP)	610-E(Officers )	<u>93</u>



(Unit Designation)

(Unit Address)

(City, State, and Zip)

(1304)

(Office Symbol)

(Date)

MEMORANDUM FOR Commander, New York Guard, 330 Old Niskayuna Road, Latham,  
New York, 12110-2224

THRU:

THRU:

SUBJECT: Recommendation for Enlistment in the New York Guard

1. In accordance with established New York Guard policy, NYG Directive 1304, the following named individual is recommended for enlistment in the New York Guard:

(Applicant's First Name, Middle Initial, and Last Name)

for enlistment in the rank of: \_\_\_\_\_, at the Grade of: \_\_\_\_\_

Recommended TDA Assignment:

2. I certify that I have reviewed all information contained in this document and in any accompanying documents and, to the best of my judgment and belief, the applicant fulfills all requirements for enlistment in the New York Guard. I understand that the "Oath of Enlistment" (NYG Form 660) may not be administered until written authorization of approval for this application has been received from Headquarters, New York Guard.

3. The following documents are submitted with this application;
- a. NYG Form 661, Enlisted Agreement of Understanding.
  - b. NYG Form 615, Authorization for Release of Information.
  - c. NYG Form 620, Personal History Questionnaire. (plus 620-A and other attachments as applicable)
  - d. NYG Form 625, New York Guard Service Record.
  - e. NYG Form 88, Report of Medical Examination.
  - f. NYG Form 93, Report of Medical History.
  - g. Discharge document (If applicable)
  - h. Other:

(Signature)

(Name)

<b>RECRUITING INFO</b>
Recruited by:
Recruiting Officer:
Date Submitted:

**STATE OF NEW YORK**  
**Division of Military and Naval Affairs**

**NEW YORK GUARD**

**APPLICATION FOR MEMBERSHIP**

<b>PHOTO HERE</b>
Photo taken within 30 days prior to the date of this application
FRONT VIEW 1 1/2 X 1 1/2 square

Read the Privacy Act & Certification Statements at the end before you complete this application. Type or Print Clearly in BLACK ink.

<b>GENERAL INFORMATION</b> (TYPE OR PRINT CLEARLY IN BLACK INK)							
1 NAME Last		First	M.I.	1b Other names used, maiden name, nickname, etc.:			
2 Home Address (Street No.)		Apt.#	City or Town		State	Zip Code	
3. <input type="checkbox"/> Citizen <input type="checkbox"/> Alien		Alien Registration #/Country	Social Security Number		Home Phone	Yrs. In Res.	
4. Place of Birth - City, State, Country			Age	Date of Birth	Height	Weight	Sex
5 Are you <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed/er <input type="checkbox"/> Divorced?			Color of Hair	Color of Eyes	Blood Type		
6. Name of Next of Kin			Address		Phone		

<b>CIVILIAN EMPLOYMENT EXPERIENCE</b> (TYPE OR PRINT CLEARLY IN BLACK INK)				
7. Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
8. Your immediate supervisor's name		Telephone Number	Exact title of your job	
9 List every employment you have had for the past five (5) years, including periods of unemployment.				
From (Mo. and Yr.)	To	Business Name and Address (Include State, Country, Zip)		Occupation or Title
		(May also use NYG Form 620A for additional employers)		

<b>CIVILIAN EDUCATION</b>		<b>High School Data</b> (TYPE OR PRINT CLEARLY IN BLACK INK)	
10 Did you graduate from high school? If you have a GED or will graduate in the next 9 months, say "YES"		11 Name and location (City and State) of the high school you attended or where you obtained GED equivalency.	
<input type="checkbox"/> YES - give year graduated: _____ <input type="checkbox"/> NO - give the highest grade completed: _____		Name: _____ City: _____ State: _____	
<b>College Data</b>		13 Name and location (City and State) of the College.	
12 Do you have a college or Graduate degree?		Name: _____	
<input type="checkbox"/> YES - give year of degree: _____ Type of Degree: _____		City: _____ State: _____	

**NEW YORK GUARD****APPLICATION FOR MEMBERSHIP****LICENSES**

(TYPE OR PRINT CLEARLY IN BLACK INK)

**14** List licenses or certificates you have, such as: *registered nurse; lawyer; radio operator; driver's; pilot's; etc.*

License or Certificate Name	Date of Latest License or Certificate	State or other Agency

**RESIDENCES HISTORY**

(TYPE OR PRINT CLEARLY IN BLACK INK)

**15** List all residences (of 90 days or more) for the past ten (10) years. Start with your immediately previous residences and carry back through to your first residence, or ten years, whichever comes first, leaving no gaps in time. Show only Month and Year in from-to.

From	To	Street Address	City	State	Zip Code

**BACKGROUND INFORMATION****16.** Have you ever been arrested or convicted of a crime other than a traffic violation?

If yes: Give details as to time, place and circumstances, and police agency;

\_\_ YES \_\_ NO

**MILITARY EXPERIENCE***Abbreviated, Use NYG Form 625 for detailed listing***17.** Have you served in Military Services?

\_\_ YES \_\_ NO

If yes Branch \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ AFSC: \_\_\_\_\_ Highest Rank \_\_\_\_\_

If more than one Branch \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ AFSC: \_\_\_\_\_ Rank \_\_\_\_\_

*If you served in any Armed Forces, a copy of your separation papers must accompany this application.***GENERAL STATEMENTS OF UNDERSTANDING** I understand that members of the New York Guard serve in a voluntary capacity and that only in the event that they are called into active state military service they will/may be paid; and then in accordance to their rank and length of service. I understand that as a member of the New York Guard I will be required to attend drills and agree to attend such drills as scheduled.**a. Bi-Weekly Drills:** Evening drill(s) from 1930 to 2230 hours, or as directed by the Unit Commander,**b. Monthly Drills:** Usually one Saturday and/or Sunday per month from 0900 to 1500, or as directed by the Unit Commander,**c. Annual Training:** One full week in the summer at a location in New York State. No applicant for enlistment or appointment with the New York Guard shall be denied such enlistment or appointment to such position or rank for which they are otherwise qualified because of applicant's race, color, gender, religion, or national origin.**PRIVACY ACT STATEMENT**

Authority for collecting this information is Section 3013 of Title 10 to the US Code, and Executive Order 9397. Publications containing this data are protected from disclosure (by any means of communication) to any person or agency pursuant to the Privacy Act of 1974 (Title 5 United States Code, § 552a) and the Personal Privacy Protection Law (Public Officer's Law of New York Article 6-A). The information protected by these statutes is your home address and telephone number. The Primary use of this information is to determine your eligibility for enlistment, and the information may be disclosed to the individuals and agencies as required to investigate your statements. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this enlistment.

**SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION****YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.** A false statement on any part of your application may be grounds for not enlisting you, or for discharging you after you are enlisted. If you are a male born after December 31, 1959 you must be registered with the Selective Service System or have a valid exemption in order to be enlisted in the New York Guard. You may be required to certify as to your status at the time of enlistment. I understand that any information I give may be investigated as allowed by law. I hereby consent to the release of information about my ability and fitness for enlistment in the New York Guard by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized members of the New York Guard. I hereby certify that, to the best of my knowledge and belief, all of my statements (on this form and any attachments) are true, correct, and made in good faith.**18** Signature (*Sign application in black ink*)Date Signed (*Month, day, year*)



**CIVILIAN EMPLOYMENT EXPERIENCE**  
Continuation Sheet

**GENERAL INFORMATION**

1 NAME Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 2 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDITIONAL CIVILIAN EMPLOYMENT EXPERIENCE**

7a. Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
8a. Your immediate supervisor's name	Telephone Number	Exact title of your job		
7b. Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
8b. Your immediate supervisor's name	Telephone Number	Exact title of your job		
7c. Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
8c. Your immediate supervisor's name	Telephone Number	Exact title of your job		
7d. Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
8d. Your immediate supervisor's name	Telephone Number	Exact title of your job		
7e. Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
8e. Your immediate supervisor's name	Telephone Number	Exact title of your job		
7f. Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
8f. Your immediate supervisor's name	Telephone Number	Exact title of your job		
7g. Name and Address of Employer's Organization		Dates employed from to	Average No. of hours per week	Number of employees supervised
8g. Your immediate supervisor's name	Telephone Number	Exact title of your job		

I hereby certify that, to the best of my knowledge and belief, all of my statements are true, correct, and made in good faith.

Signature (Sign application in dark ink) \_\_\_\_\_ Date Signed (Month, day, year) \_\_\_\_\_



### SERVICE RECORD

(prescribing Directive is NYG Reg 600-200 and 611-7, proponent Directorate is MNSG)

**1** NAME Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
**2** NYG Service Number: \_\_\_\_\_ **3** Sex:  Male  Female

4. RECORD OF APPOINTMENT/ENLISTMENTS			<i>Promotions and Reductions, Start with NYG Entry rank and grade</i>		
Effective Date	Rank/Grade	Organization	Order Number	Order Date (dd/mm/yy)	Issuing Authority

5. RECORD OF PRIOR MILITARY SERVICE			<i>In chronological order: Include Active, Reserve, National Guard, and New York Guard</i>		
Fr Date (dd/mm/yy)	To Date (dd/mm/yy)	Organization	Order Number	Order Date (dd/mm/yy)	Issuing Authority



# Oath of Enlistment

STATE OF NEW YORK

COUNTY OF

I,

(First Name)

(Middle Name)

(Last Name)

- -  
(SSN)

A citizen of the United States, do hereby acknowledge to have voluntarily enlisted this \_\_\_\_\_ Day of \_\_\_\_\_, 2002, as a soldier in the New York Guard for the period of three (3) years under the conditions prescribed by law, unless sooner discharged by proper authority, and I do also agree to accept from the State of New York such pay, rations, and clothing as are or may be established by law, and I do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America and the State of New York; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the Governor of the State of New York and the orders of the Officers appointed over me, according to Law and the rules and Article of War.

\_\_\_\_\_  
(Signature of Applicant)

## Certificate of Enlistment

I certify that the above oath was subscribed and duly sworn to before me on this \_\_\_\_\_ Day of \_\_\_\_\_, 2002. I further certify that this soldier was minutely inspected by me prior to subscription to the oath, and found to be entirely sober and in full possession of all mental faculties; and that to the best of my judgement and belief the applicant fulfills all legal requirements, and that enlisting the applicant into the New York Guard I have strictly observed the regulations governing such enlistment's. I further certify that the above oath, as filled in, was read to the applicant before subscription thereto.

\_\_\_\_\_  
(Signature of Officer Administering Oath)

\_\_\_\_\_  
(Type Rank, Name of Officer)

\_\_\_\_\_  
(Organization)



(Unit Designation)

(Unit Address)

(City, State, and Zip)

(File Number)

(Date)

**SUBJECT:** Authorization for Release of Information

**TO:** Any Medical Professional, Facility, or Association;  
The US Armed Forces, Maritime Service, Veteran's or Selective Service Administration;  
Any Academic Administrator at any Academic Facility;  
Any Local, State, or Federal Law Enforcement Agency;  
Any Past or Present Employer;  
Any Credit Bureau, or Retail Merchants Association;  
Any Insurance Company.

1. I, \_\_\_\_\_ have applied for membership in  
(Applicant's First Name, Middle Initial, and Last Name)  
the New York Guard. I am aware that my entire background will be thoroughly investigated and I hereby authorize and request the release of any and all information that you may have concerning me, including academic transcripts and disciplinary matters, to a representative of the New York Guard. This authorization, or a reproduction thereof, shall be valid for a period not to exceed one (1) year from the date indicated above.

2. Applicant Personal Data: ( Refer to Privacy Act Statement at the bottom of this format)

Social Security Number: - - -  
Home Street Address:  
City: State: Zip Code:  
Date of Birth: Day: Month: Year:  
Place of Birth:  
(City or Town, County, State/Territory/Providence, and Country)

-----  
(Signature of Applicant)

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(Signature of Witnessing Officer)

(Print or Type Rank & Name of Witness))

**Privacy Act Statement:** Authority for collecting this information is Section 3013 of Title 10 to the US Code, and Executive Order 9397. Publications containing this data are protected from disclosure (by any means of communication) to any person or agency pursuant to the Privacy Act of 1974 (Title 5 United States Code, § 552a) and the Personal Privacy Protection Law (Public Officer's Law of New York Article 6-A). The information protected by these statutes is your home address and telephone number. The Primary use of this information is to determine your eligibility for enlistment, and the information may be disclosed to the individuals and agencies mentioned above. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this enlistment.

**NYG FORM 615-E** (5 Jul 98) (Replaces 1 Mar 93 edition which is obsolete)



<b>MEDICAL RECORD</b>	<b>NEW YORK GUARD REPORT OF MEDICAL EXAMINATION</b>	DATE OF EXAM:
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**NOTE: This information is for official and medically confidential use only and WILL NOT be released to unauthorized persons**

1. NAME OF PATIENT (Last, first, middle)		2. NYG ID NUMBER	3. GRADE
4a. HOME ADDRESS (Street or RFD; City or Town; State and ZIP code)		5. EMERGENCY CONTACT (Name and Address)	
4b. CITY	4c. STATE	4d. ZIP CODE	
6. DATE OF BIRTH	7. AGE	8. SEX ___ FEMALE ___ MALE	9. RELATIONSHIP OF CONTACT
10. PLACE OF BIRTH	11. RACE AMERICAN INDIAN/ HISPANIC HISPANIC ASIAN/PACIFIC ___ WHITE ___ BLACK ___ ALASKAN NATIVE ___ WHITE ___ BLACK ___ ISLANDER		

**CLINICAL EVALUATION**

NOR-MAL	17. Check each item in appropriate column, enter "NE" if not evaluated	ABNOR-MAL	18. Describe every abnormality in detail. Enter pertinent item letter before each comment	19. Summary of Defects and Diagnosis. Enter item letter before each comment
	A. HEAD, FACE, NECK & SCALP			
	B. EARS-General (Internal Canals)			
	C. DRUMS (Perforation)			
	D. NOSE			
	E. SINUSES			
	F. MOUTH AND THROAT			
	G. EYES-General			
	H. PUPILS (Equality & Reaction)			
	I. OCULAR MOBILITY (Associated parallel movements nystagmus)			
	J. LUNGS & CHEST (incl Breasts)			
	K. HEART (thrust,size,rhythm,sounds)			
	L. VASCULAR SYSTEM (varicositis, etc)			
	M. ABDOMEN & VISCERA (incl Hernia)			
	N. ENDOCRINE SYSTEM			
	O. UPPER EXTREMITIES (strength, range of motion)			
	P. FEET			
	Q. LOWER EXTREMITIES (strength, range of motion)			
	R. SPINE, other Musculoskeletal			
	S. IDENTIFYING BODY MARKS, Scars, Tattoos			
	T. SKIN, Lymphatics			
	U. NEUROLOGIC (muscle strength, equilibrium)			
	V. PSYCHIATRIC			

**MEASUREMENTS AND OTHER FINDINGS**

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOR EYES	24. BUILD: ___ SLENDER ___ MEDIUM ___ HEAVY ___ OBESE	25. BLOOD TYPE
26. BLOOD PRESSURE (Arm at Heart Level)			27. DISTANT VISION		
A. SITTING	SYS _____ DIAS _____	B. RECUMBANT	SYS _____ DIAS _____	RIGHT 20/ _____ LEFT 20/ _____	CORRECTED TO 20/ CORRECTED TO 20/
28. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify, Reference Item Number)					

29. EXAMINEE IS (check)	<input type="checkbox"/>	QUALIFIED FOR	<input type="checkbox"/>	ENLISTMENT / RE-ENLISTMENT
	<input type="checkbox"/>	NOT QUALIFIED FOR	<input type="checkbox"/>	PERIODICAL / RETENTION

30. IF NOT QUALIFIED LIST DISQUALIFYING DEFECTS BY ITEM NUMBER:

31a. TYPED OR PRINTED NAME OF EXAMINER	31b. SIGNATURE	31c. DATE
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# NEW YORK GUARD MOBILIZATION FORM

LAST NAME	FIRST NAME	MI	RANK	GRADE
UNIT	TDA POSITION	DATE		

## CURRENT ADDRESS & CONTACT INFORMATION

ADDRESS			APT #
CITY		ST	ZIP
PHONE (DAY)	PHONE (NIGHT)	<input type="checkbox"/> CELL or <input type="checkbox"/> FAX	E*MAIL
Emergency Contact		Relationship	Phone

PRIMARY CIVILIAN OCCUPATION * [Attach licenses /certification if applicable]	SOC
1--MILITARY / CIVILIAN SKILL QUALIFICATIONS *	SOC
2-- MILITARY / CIVILIAN SKILL QUALIFICATIONS*	SOC
3-- MILITARY / CIVILIAN SKILL QUALIFICATIONS*	SOC
4-- MILITARY / CIVILIAN SKILL QUALIFICATIONS*	SOC
5-- MILITARY / CIVILIAN SKILL QUALIFICATIONS*	SOC

PEBD (Pay Date)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	Withholding #
I AM DEPLOYABLE WITHIN (CHECK ONE) <input type="checkbox"/> 12 Hours <input type="checkbox"/> 24 HOURS <input type="checkbox"/> 48 HOURS <input type="checkbox"/> NOT DEPLOYABLE AT THIS TIME		
I AM AVAILABLE FOR DUTY (CHECK ONE) <input type="checkbox"/> 1 DAY <input type="checkbox"/> SEVERAL DAYS <input type="checkbox"/> 1 WEEK <input type="checkbox"/> 2 WEEKS <input type="checkbox"/> 3 WEEKS <input type="checkbox"/> 1 MONTH		
I AM AVAILABLE FOR (CHECK ONE) <input type="checkbox"/> PAID DUTY ONLY <input type="checkbox"/> PAID OR VOLUNTEER DUTY		

SIGNATURE:		DATE
VERIFIED BY:	GRADE	TITLE
NOTES:		