



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)

(Office Symbol) ()
(File Number)

(Date)

MEMORANDUM FOR: The Adjutant General, State of New York, Division of Military and Naval Affairs,
330 Old Niskayuna Road, Latham, New York 12110-2224

THRU: The Commanding General, New York Guard, 330 Old Niskayuna Road,
Latham, New York 12110-2224

THRU:

SUBJECT: Nomination for Commission in the New York Guard

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

(Applicant's First Name, Middle Initial, and Last Name)
for appointment at the rank of: , in the branch of: ,

to fill the vacancy existing in this unit, vice: ,
(indicate Rank and Name of predecessor)

who was: , per orders number: ,
(Discharged, Reassigned)

Headquarters: , dated: .

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 appointment in the New York Guard. I understand that the "Oath of Office" (NYG Form 610) 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 611, Commissioned Officer 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. (or SF 88)
 - f. NYG Form 93, Report of Medical History. (or SF 93)
 - g. Two letters of Recommendation.
 - h. NYG Form 640, Proceedings of an Examining Board. (Omitted if candidate will meet the HQ NYG Board)
 - i. Discharge document (If applicable)

4. Recommend approval.

(Signature)

(Name)

(Rank, Branch, NYG)
Commanding

RECRUITING INFO
Recruited by:
Recruiting Officer:
Date Submitted:

STATE OF NEW YORK
Division of Military and Naval Affairs

NEW YORK GUARD

APPLICATION FOR MEMBERSHIP

PHOTO HERE
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.

GENERAL INFORMATION (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		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		

CIVILIAN EMPLOYMENT EXPERIENCE (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) <i>(May also use NYG Form 620A for additional employers)</i>		Occupation or Title

CIVILIAN EDUCATION		High School Data (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: _____	
College Data		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*)

NEW YORK GUARD**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

AGREEMENT OF UNDERSTANDING

I, _____
(First Name) (Middle Name) (Last Name)
agree and understand that my commission as an officer in the New York
Guard is contingent and subject to a complete background history review,
and I hereby affirm that should such review establish derogatory
information disqualifying me under law and regulations from this
appointment and commission, I shall upon request forthwith tender my
resignation from the New York Guard.

(name)

(Grade)

(Arm or Service)

Sworn to and subscribed before me at

This _____ day of _____, 20 .

(name)

(Grade)

(Arm or Service)

MEDICAL RECORD	NEW YORK GUARD REPORT OF MEDICAL HISTORY	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. IDENTIFICATION NUMBER	3. GRADE
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4a. HOME ADDRESS (Street or RFD; City or Town; State and ZIP code)	5. EXAMINING FACILITY
4b. CITY	
4c. STATE 4d. ZIP CODE	

6. PURPOSE OF EXAMINATION ENLISTMENT/REINLISTMENT PERIODIC OTHER

7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Continue on back if needed)

7a. PRESENT HEALTH	7b. CURRENT MEDICATION	STANDARD OR INTERIM

7c. ALLERGIES (Include insect bites/stings and common foods)	7d. HEIGHT	7e. WEIGHT
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8. PATIENT'S OCCUPATION	9. ARE YOU (Check one)
	<input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED

10. PAST/CURRENT MEDICAL HISTORY

Yes	No	?	CHECK EACH ITEM	Yes	No	?	CHECK EACH ITEM	Yes	No	?	CHECK EACH ITEM	Yes	No	?	CHECK EACH ITEM
			Household contact with anyone with Tuberculosis				Recurrent ear infections				Adverse reaction to medication				Foot trouble
			Tuberculosis or + test				Chronic/frequent colds				Skin diseases				Nerve injury
			Blood in sputum or cough				Severe tooth/gum prob.				Tumor/grth/cyst/cancer				Paralysis (Infantile)
			Excessive bleeding after injury or dental work				Sinusitis				Hemia				Epilepsy or seizures
			Suicide attempt or plans				Hay fever/Diergiarthritis				Hemorrhoids/rectal dis				Car,train,sea sickness
			Sleepwalking				Head injury				Frequent/painful urinate				Trouble sleeping
			Wear corrective lenses				Asthma				Bed wetting to age 12				Depression or excessive worry
			Eye surgery to correct vis				Shortness of breath				Kidney stone/blood ur				Memory loss/Amnesia
			Lack vision in either eye				Pain/pressure in chest				Sexually trans disease				Nervous trouble
			Wear a hearing aid				Chronic cough				Recent gain/loss weight				Periods unconscious
			Stutter or stammer				Palpiti'n/pounding heart				Eating disorder				Parent/sibling with
			Wear brace / back support				Heart trouble				Arthritis,rhumatism,burs				Diabetes, cancer, stroke, or heart disease
			Scarlet fever				High/Low blood press.				Thyroid/goiter trouble				x-ray/radiation therapy
			Rheumatic fever				Cramps in your legs				Bone/Joint deformity				Chemotherapy
			Swollen / painful joints				Frequent indigestion				Loss of finger or toe				Plate/pin/rod in bone
			Frequent/severe headache				Stomach, Liver, or Intestinal trouble				Painful or trick shoulder or elbow				Easy fatigability
			Dizziness / fainting spells				Gall bladder trouble or Gallstones.				Recurrent back pain or any back injury				Or criticized for alcohol use
			Eye trouble				Jaundice or Hepatitis				Trick/locked knee				Used illegal substance
			Hearing loss				Broken bones				Treated female disorder				Used tobacco
															Menstrual change

11. FEMALES ONLY

Check each item YES or NO, every item checked yes must be fully explained on the back.

Yes	No	12. Have you ever been refused employment, been unable to hold a job, or stay in school because of: a. Sensitivity to chemicals, dust, sunlight, etc? b. Inability to perform certain motions? c. Inability to assume certain positions? d. Other medical reasons? (give reason)	Yes	No	16. Have you ever been a patient in any type of hospital? (if yes, specify when, where, why, and name of doctor and complete address of hospital.)	Yes	No	19. Have you ever been discharged from the military service because of a physical, mental or other reason? (if yes, give date and reason for discharge, whether honorable, other than honorable, for fitness or unsuitability.)
---	---	13. Have you ever been treated for a mental condition? (if yes specify where, when and give details.)	---	---	17. Have you ever consulted or been treated by clinics, physicians, healers, or other practitioners within the past five years for other than minor illnesses? (if yes, give complete address of doctor, hospital, clinic, and details.)	---	---	20. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability? (if yes, specify what kind, granted by whom, when and why.)
---	---	14. Have you ever been denied life insurance? (if yes state reason and give details.)	---	---	18. Have you ever been rejected for military service because of a physical, mental or other reason? (if yes, give date and reason for rejection.)	---	---	21. Have you ever been diagnosed with a learning disability? (if yes, give type, where and how diagnosed.)
---	---	15. Have you ever had or have you been advised to have an operation? (if yes describe and give age at which occurred.)	---	---				

22. LIST ALL IMMUNIZATIONS RECEIVED:

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for the purposes of processing my applications for this employment or service.

23a. TYPED OR PRINTED NAME OF EXAMINEE	23b. SIGNATURE	23c. DATE
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NOTE: HAND TO A DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

24. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA: (Physician may comment on all positive responses. Physician may develop by interview any additional medical history deemed important, and record significant finding on the back with reference to appropriate entry number.)

25a. TYPED OR PRINTED NAME OF EXAMINER	25b. SIGNATURE	25c. DATE
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MEDICAL RECORD	NEW YORK GUARD REPORT OF MEDICAL EXAMINATION	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 ___ WHITE ___ BLACK ___ ALASKAN NATIVE ___ AMERICAN INDIAN/ HISPANIC ___ HISPANIC ASIAN/PACIFIC ___ 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 (varicostis, 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, Tatoos			
	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	B. RECUMBANT	SYS	RIGHT 20/	* CORRECTED TO 20/
	DIAS		DIAS	LEFT 20/	CORRECTED TO 20/

28. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify, Reference Item Number)

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