

## Army

### Required Documents

- Letter of Validation: within 60 days (on Page 3)
- Military BIO (on Page 4-5)
- Resume (on Page 8-10)
- DA 1058: within 60 days (on Page 11-12)
- RPAS: within 60 days and include all pages (on Page 13)
- SRB/ORB (on Page 15)
- CD Forms 301 and 302 (both within 60 days) (on Page 17-23)  
("Yes" or "No" circled with black ink pen, Hand-signed with date)
- Last 2 consecutive NCOER/OER (Only E5 and above) (on Page 24-25)
- IMR: current (PHA & Dental within 1 year) (HIV within 2 years) (on Page 28)
- DA 705 within 12 months and DA5500/5501 if needed (on Page 30)
- DMV Printout: within 60 days (on Page 32-34)
- Letter of Interest (on Page 35)
- Any additional items listed on **MINIMUM QUALIFICATIONS** on Job Announcement

### Optional / Recommended

- Up to 3 Letters of Recommendations: within 12 months (Former employees, supervisors, or commanders)
- Memorandum of Record if you don't meet minimum qualifications or unable to submit all required documents (ex. Missing NCOER due to supervisor not signing)

## Air

### Required Documents

- Letter of Validation: within 60 days
- Military BIO (on Page 6-7)
- Resume (on Page 8-10)
- DA 1058: within 60 days (on Page 11-12)
- PCAR: within 60 days and include all pages (on Page 14)
- vMPF include all pages (on Page 16)
- CD Forms 301 and 302 (both within 60 days) (on Page 17-23)  
("Yes" or "No" circled with black ink pen, Hand-signed with date)
- EPR/OPR (Only E4 and above) (on Page 26-27)
- AF 422: must be current **OR** MyIMR screenshot (on Page 29)
- Air Force – Copy of Physical Fitness Test (on Page 31)
- DMV Printout: within 60 days (on Page 32-34)
- Letter of Interest (on Page 35)
- Any additional items listed on **MINIMUM QUALIFICATIONS** on Job Announcement

### Optional / Recommended

- Up to 3 Letters of Recommendations: within 12 months (Former employees, supervisors, or commanders)
- Memorandum of Record if you don't meet minimum qualifications or unable to submit all required documents (ex. Missing EPR due to supervisor not signing)



DEPARTMENT OF THE ARMY  
CALIFORNIA ARMY NATIONAL GUARD  
UNIT / STREET ADDRESS  
CITY STATE ZIP CODE

**ARMY**

OFFICE SYMBOL

Date

Within 60 days of submission

MEMORANDUM FOR Commander, Counterdrug Task Force, 3130 Kilgore Rd, Rancho Cordova, CA 95670

SUBJECT: Letter of Recommendation for Last Name, First Name, MI, Last Four

1. The above named Soldier is an active drilling member of Unit. I recommend this individual be considered for a position with the Counterdrug Task Force.
2. I acknowledge that the following statements and information are true and accurate prior to placement on Counterdrug orders:
  - a. He / She upholds the highest standards of conduct, personal appearance, and does not currently have any adverse or flagging actions.
  - b. This service member is in a "DEPLOYABLE" status. The member does not have any medical flags, or temporary or permanent profiles that would prevent successful completion of a retention / periodic health assessment.
3. I am aware that the Service member may be serving in the Counterdrug Program only upon receiving my recommendation and endorsement. I am aware that if the Service member fails to maintain the Counterdrug requirements at any time, I may withdraw my recommendation or employment with the Counterdrug Program.
4. I am aware that the SM must continue to attend all regularly scheduled unit IDT / IAD and AT While on FTNGD-CD duty as required per CNGBI 3100.0, National Guard Counterdrug Support
5. I am also aware that this Service member must recertify eligibility for Counterdrug orders prior to the expiration of current orders, and that no orders for future tours are guaranteed or implied
6. The point of contact for this memorandum is the undersigned. I may be reached at (XXX) XXX-XXXX or via email at john.j.doe.mil@army.mil

NAME (ALL CAPS)  
RANK, (BR), CAARNG or CAANG  
Position

**EXAMPLE**

Enlisted Biographical Summary

Name: [REDACTED]

Date: 20230525

SSN: [REDACTED]

Primary MOS: 36B30

Duty MOS: 36B30

Present Rank: SSG

Date of Rank: 20220930

Years of Active Service and BASD: 5 years

Total Years of Service and PEBD: 7 years

PEBD: 20150707

Date of Birth: 19970511

Place of Birth: [REDACTED]

Marital Status: Single

Home Address: [REDACTED]

Home Telephone Number: [REDACTED]

Civilian Education:

High School Diploma, [REDACTED]

Military Education:

Basic Combat Training	201509
AIT	201511
Junior SHARP	201602
Combat Lifesaver Course	201805
Basic Leaders Course	201801
UPL Course	202302

Decorations, Awards, and Citations:

- National Defense Service Medal
- Army Service Ribbon
- Global War on Terrorism
- Joint Service Achievement Medal
- Army Good Conduct Medal
- NCO Professional Development Ribbon

Significant Experience:

Senior Milpay Tech 36B (E5), A/9th FMSU, (AD)	201809-201811
S1 Senior NCO 36B (E5), A/9th FMSU, (AD).	201809-201811

# EXAMPLE

**ARMY**

Senior Milpay NCOIC 36B(E5),A/9th FMSU, (AD)	201811-201805
Squad Leader 36B (E5), A/9th FMSU, (AD).	201809-201907
Banker, Chase Bank (CIV).	201910-202008
Recruiter and Retention NCO, CAARNG	202008-202203
Squad Leader 36B (E6), 217th Fin Det	202209-Current
Support Agreement Specialist, GS09, USPFO	202207-Current

BIOGRAPHY FOR: FTNGD-CD 24-013

[REDACTED], Analysis Support, Counterdrug Task Force/Los Angeles District, Santa Ana, CA.

Currently, [REDACTED] is assigned as Analysis Support to the [REDACTED] supporting multiple groups assigned to the Orange County District Office. In an analyst capacity, he provides real-time requests for information (RFI) support to agents by providing background information on individuals via database queries (both internal and external), link analysis of Drug Trafficking Organizations (DTO), and subscriber identification for target telephones in support of Title III wire investigations that show a drug nexus.

[REDACTED] enlisted in the [REDACTED]. He began his Air Force Career in Personnel following the completion of Air Force Personnel Technical School at [REDACTED].

[REDACTED] is currently serving an [REDACTED]

## EDUCATION

[REDACTED] is currently working towards his degree in Criminal Justice.

## ASSIGNMENTS (CAREER CHRONOLOGY FOR CIVILIANS)

1. [REDACTED] – Current, Personnel, Mission Support Group, [REDACTED]
2. [REDACTED], Surge Ground Tactical Team Member, California Counterdrug Task Force (CDTF) Central Valley District/ Fresno, CA
3. [REDACTED], Surge Ground Tactical Team Member, California Counterdrug Task Force (CDTF) Central Valley District/ Fresno, CA
4. [REDACTED], Ground Reconnaissance Specialist, California Counterdrug Task Force (CDTF) Central Valley District/ Fresno, CA
5. [REDACTED] Analysis Support, California Counterdrug Task Force (CDTF) Central Valley District/ Fresno, CA
6. [REDACTED], Analysis Support, California Counterdrug Task Force (CDTF) Los Angeles District/ Santa Ana, CA

## MAJOR AWARDS AND DECORATIONS (AWARDS AND HONORS FOR CIVILIANS)

Army Commendation Medal

AF Outstanding Unit Award  
Air Reserve Forces Meritorious Service Medal  
National Defense Service Medal  
Global War on Terrorism Service Medal  
AF Longevity Service  
USAF NCO PME Graduate Ribbon  
AF Training Ribbon  
California Counterdrug

**PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS**

Counterdrug Task Force Analyst Instructor  
Ground Reconnaissance Specialist trainer

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**EFFECTIVE DATES OF PROMOTION: (CHRONOLOGICAL ORDER)**

Promoted to E-3, A1C – ██████████  
Promoted to E-4, SrA – ██████████  
Promoted to E-5, SSgt – ██████████  
Promoted to E-6, TSgt – ██████████

## Professional Summary

Enthusiastic and dependable Financial Management Technician with the United States Army. Verse knowledge in banking and accounting gained from Chase Bank. Great leadership and developmental skills gained throughout his life. Adept at both collaborating with colleagues and working independently. Highly skilled in budgetary planning, customer service, and accounting. Offering an exemplary client service record and highly-developed organizational skills.

## Skills

- Business development
- Strong leader
- Audit coordination
- Cash handling
- Budget analysis
- Planning
- Teamwork / Collaboration
- Scheduling
- Relationship building and management
- Secret Clearance
- Training and development
- Microsoft word, excel, and PowerPoint proficiency
- Human resources knowledge
- Secret security clearance
- Active listening
- Budgeting
- Customer Service
- Business Management

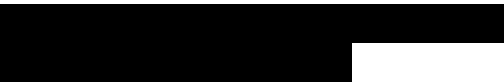
## Work History


- Fully executed over 39 Support Agreements (SA) and currently working 17 SAs
- Taken ownership to ensure SAs are done accurately and in a timely manner when notification that an agreement is needed
- Ensure all stakeholders are familiar with who I am and what I present to them for review and signatures
- Worked as a team to create better workflow by assisting in the creation and updates of our Templates and Excel spreadsheets
- Maintained my part in tracking active and planning agreements, as well as updating them and my Supervisors
- Conducted a scrub of hard files and digital files to create a better flow of tracking the agreements we have for the USPFO

- Displayed the highest level of confidence, enthusiasm, and military bearing for his new recruits to emulate
- Faced demanding challenges with conviction and high sense of professionalism to achieve results
- Remained flexible and cooperative under any condition



- Provided guidance, purpose, and motivation to transitioning soldiers with opportunities for professional growth
- Displayed maturity and always put forth maximum effort in any endeavor with strong work ethic
- Always took responsibility for his actions and maintained equipment valuing over \$45,000 without any loss or damage
- Displayed persistent and exceptional drive

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- Engaging the client by welcoming them warmly with a pleasant demeanor, using the client name, whenever possible, and thanking them for doing business with Chase
  - Assisting customers and making clients feel appreciated
  - Helping customers learn how to complete their banking needs whenever, wherever and however they want with self-service options, including the Chase mobile app, Chase.com, and ATMs with expert knowledge in our self-service and digital platform
  - Exhibiting strong customer service skills, presenting consumer-bank focused products and services while proactively educating clients on utilizing available access channels
  - Proactively collaborating with others to help customers
  - Helping build relationships with customers by connecting them with team members who can help them address their financial needs
  - Ensuring financial transactions are completed accurately and efficiently, while complying with all policies, procedures and regulatory and banking requirements
  - Supporting customer with traditional banking needs and complex service transactions putting the customer's needs at the center of everything
  - Providing proactive customer outreach to gauge success and offer new tools to help customers meet their consumer banking and investment goals

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- Consulted on budgetary planning for special projects such as Field Missions and Deployments by presenting financial data and information on past budgets.
  - Provided financial support to soldiers located at Fort Riley, KS by processing invoices, as well as dispersing payments and military entitlements.
  - Performed audits on military finance documents to certify accurate financial reporting and appropriate spending practices.
  - Ensured seamless financial operations by reviewing travel vouchers, pay inquiries, and checks for accuracy and completion.
  - Met deadlines by proactively managing individual and team tasks and implementing analyzing processes.
  - Reviewed more than 3000 financial statements per 9 months.
  - Engaged employees in business processes with positive motivational techniques.

## Education



## **Accomplishments**

- Trained and supervised more than 20 personnel.
- Used Microsoft Excel to develop inventory tracking spreadsheets.
- Collaborated with a team of 6 in the development of the Military Finance Office located in Honduras.
- Earned the Army's Joint Service Achievement Medal in 2017 during deployment in Honduras.
- Earn Commandants list in Basic Leaders Course for exemplifying outstanding leadership and team working abilities.
- Earned the rank of Sergeant in the military on September 1st, 2018.
- Earned the rank of Staff Sergeant in the military on October 1st, 2022.

## **Certifications**

Earned Certification of Financial Management Technician on November 19, 2015

**APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR OPERATIONAL SUPPORT, AND ANNUAL TRAINING FOR SOLDIERS OF THE ARMY NATIONAL GUARD AND U.S. ARMY RESERVE**

For use of this form, see AR 135-200; the proponent agency is DCS, G-1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 USC 672, Reference to Chapter 1209; 10 USC 7013 Secretary of the Army; AR 135-200 Active Duty for Missions, Projects, and Training for Reserve Component Soldiers.

**PRINCIPAL PURPOSE:** The form is used as a voluntary request for training and determines the eligibility of Soldiers, and to schedule individuals for other training duty (OTD), active duty for operational support (ADOS), and annual training (AT) on specified requested dates. Also establishes the obligation of requested active duty orders. For additional information see the System of Records Notice(s) A0600-8-104b AHRC Official Military Personnel Record (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Amy-Article-List/>).

**ROUTINE USES:** Information provided may be further disclosed to the Department of Veteran's Affairs for benefits purposes. In addition, this form is subject to the proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

**DISCLOSURE:** Voluntary, however failure to complete this form will make you ineligible for consideration for OTD, ADOS, or AT. Applicant should retain a copy of DA Form 1058.

**PART I - APPLICANT (Read instructions in AR 135-200 before completing this form.)**

1. TO (Include ZIP Code)  
Counterdrug Task Force ATTN: CD-1 NCOIC, 3130 Kilgore Rd  
Rancho Cordova, CA 95670

2a. NAME (Last, First, MI) [REDACTED]		2b. RESERVE COMPONENT CATEGORY <input type="checkbox"/> IMA <input type="checkbox"/> IRR <input type="checkbox"/> TPU <input checked="" type="checkbox"/> ARNG <input type="checkbox"/> ARNGUS	
3a. PERMANENT HOME ADDRESS (Include ZIP Code) [REDACTED]		4a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (If different from permanent home address) (Include ZIP Code) [REDACTED]	
3b. PRIMARY TELEPHONE NUMBER (Include area code) [REDACTED]		4b. PRIMARY TELEPHONE NUMBER (Include area code) [REDACTED]	
3c. SECONDARY TELEPHONE NUMBER (Include area code) [REDACTED]		4c. SECONDARY TELEPHONE NUMBER (Include area code) [REDACTED]	
5. UNIT OF ASSIGNMENT OR ATTACHMENT AND UIC [REDACTED]		6. GRADE E6	7. BRANCH Army
8. GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	9. DOB [REDACTED]	10. MARITAL STATUS Single	11. NO. OF DEPENDENTS 0
12. PRIMARY SSI (AOC) MOS 36B30	13. DUTY SSI (AOC) MOS	14. ACFT DATE <input checked="" type="checkbox"/> Go <input type="checkbox"/> No Go 20230416	15. HT/WT <input checked="" type="checkbox"/> Go <input type="checkbox"/> No Go 65/142
16. <input type="checkbox"/> I am <input checked="" type="checkbox"/> I am not drawing a pension, disability compensation, or retired pay from the U.S. Government.		17. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE (AFS) 5 Years, 7 Months, 28 Days	
18. FOR INDIVIDUAL MOBILIZATION AUGMENTEES ONLY: THIS APPLICATION IS FOR (Check one) <input type="checkbox"/> IMA AT <input type="checkbox"/> IMA AT w/DT <input type="checkbox"/> ADT in lieu of IMA AT <input type="checkbox"/> Additional ADT			
19. DATES OF ADOS/TTAD/ADT/AT REQUESTED			
a. FIRST CHOICE		b. SECOND CHOICE	
NUMBER OF DAYS	BEGINNING DATE/TIME	NUMBER OF DAYS	REPORT DATE
LOCATION (Include Zip Code)		LOCATION (Include Zip Code)	
DUTY/TRAINING AGENCY AND UIC		DUTY/TRAINING AGENCY AND UIC	
20. REMARKS I understand that although at the completion of my tour I may be within 2 years of qualifying for an active duty retirement under 10 USC 1293, 3911, or 3914, it is current Army policy that I will be released from active duty at the completion of my tour unless continued retention on active duty is considered in the best interest of the Army by the Assistant Secretary of the Army (Manpower and Reserve Affairs). I hereby consent to my release from active duty at the completion of this tour.  [REDACTED]  (Signature of applicant)			

PART II - RECORDS CUSTODIAN

21. PAY ENTRY BASIC DATE 20150707	22. SECURITY CLEARANCE Secret	23. PROMOTION CONSIDERATION CODE	24. DATE OF RANK 20220930
25. RYE DATE 20150706	26. ETS ( <i>Enlisted</i> ) 20241006	27. MANDATORY REMOVAL DATE ( <i>Officers</i> )	28. PHA DATE 20230106
29. HIV TEST DATE 20221214	30. PANOGRAPHIC DENTAL X-RAY ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO		

31. REMARKS

32a. NAME, RANK, PHONE AND EMAIL OF UNIT COMMANDER  
 [REDACTED]

b. SIGNATURE OF UNIT COMMANDER [REDACTED]	c. DATE 20230525
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33a. NAME, RANK, PHONE AND EMAIL OF RECORDS CUSTODIAN  
 [REDACTED]

b. SIGNATURE [REDACTED]	c. DATE 2023-06-12
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ARMY NATIONAL GUARD CURRENT ANNUAL STATEMENT



Date Prepared: 2023/09/05  
 Output Reason: Request  
 AYE: 01/14  
 BASD:  
 Notice of Eligibility: NO  
 Highest Grade Held: E06  
 RPED: 2057/05/11, 0 Pds.

This summary is a statement of your points earned towards retirement. You should review all entries and report any discrepancies to your unit clerk. Particular attention should be given to any period of service with a verification status (VS) of "B" because points are not credited until verified.

Begin Date (yyyymmdd)	End Date (yyyymmdd)	MMSI	IDT	MEM	ACCP Misc Pts	FHD	AD Pts	VS	Total Career Points	Total Pts For Ret Pay	Creditable Svc For Ret Pay
2015/01/15	2015/07/06	E5	0	--	0	0	0	V	---	---	--/--/--
2015/07/07	2016/01/14	A1	0	7	0	0	192	V	199	199	01/00/00
2016/01/15	2017/01/14	A1	0	0	0	0	366	V	366	366	01/00/00
2017/01/15	2018/01/14	A1	0	0	0	0	365	V	365	365	01/00/00
2018/01/15	2019/01/14	A1	0	0	0	0	365	V	365	365	01/00/00
2019/01/15	2019/07/06	A1	0	--	0	0	173	V	---	---	--/--/--
2019/07/07	2020/01/14	B1	21	8	0	0	0	V	202	202	01/00/00
2020/01/15	2020/08/14	B1	30	--	0	0	0	V	---	---	--/--/--
2020/08/15	2021/01/14	B4	0	15	0	0	153	V	198	198	01/00/00
2021/01/15	2022/01/14	B4	0	15	0	0	365	V	380	365	01/00/00
2022/01/15	2022/03/31	B4	0	--	0	0	76	V	---	---	--/--/--
2022/04/01	2023/01/14	B1	30	15	0	0	0	V	121	121	01/00/00
2023/01/15	--	B1	32	--	0	0	15	V	---	---	--/--/--
Grand Totals							2055		2196	2181	08/00/00

MILITARY MEMBERSHIP STATUS IDENTIFIERS

- A1 - United States Army Regular Service
- B1 - Army National Guard Unit Member
- B4 - ARNG Active Guard Reserve (AGR) under Title 32 USC, State Controlled and ARNG Active Duty Operational Support (ADOS) under Title 32 USC
- E5 - Delayed Entry Program (Any Component)

NON-CREDITABLE PERIODS OF SERVICE

From Date      To Date      Reason



# ANG/USAFR Point Credit Summary Inquiry (PCARS)

## Introduction

To the Guardsman/Reservist:

Computerized Information on your participation is accessible via the links to the left. It is possible the information displayed may be inaccurate. Therefore, it is not a guarantee of points or service for retention, promotion or retired pay purposes. The information remains subject to audit and adjustment. Review it carefully. If any errors are found, contact your military personnel section or Total Force Service Center at 1-800-525-0102 within 60 days of the closeout of the Anniversary year and provide documentation of correct points or service. Note: Your points will not be reflected until 60 days after your Anniversary year.

## Point Credit Summary

**Note:** For HQ AGR/Stat Tour members, your points will be calculated 60 days after your Anniversary Date.

### Summary Information

### Last Anniversary Year Points Earned

### Current Anniversary Year Points Earned

<b>Date Prepared:</b>	[REDACTED]	<b>From Date:</b>	[REDACTED]	<b>From Date:</b>	[REDACTED]
<b>Duty Location:</b>	[REDACTED]	<b>Thru Date:</b>	[REDACTED]	<b>Thru Date:</b>	[REDACTED]
<b>Name:</b>	[REDACTED]	<b>Active Duty Training:</b>	[REDACTED]	<b>Active Duty Training:</b>	[REDACTED]
<b>Address:</b>	[REDACTED]	<b>Inactive Duty Training:</b>	[REDACTED]	<b>Inactive Duty Training:</b>	[REDACTED]
<b>PAS Code:</b>	[REDACTED]	<b>Advanced Distributed Learning:</b>	[REDACTED]	<b>Advanced Distributed Learning:</b>	[REDACTED]
<b>R/R (Anniversary Date):</b>	[REDACTED]	<b>Membership:</b>	[REDACTED]	<b>Membership:</b>	[REDACTED]
<b>Closeout Date:</b>	[REDACTED]	<b>Total Points:</b>	[REDACTED]	<b>Total Points:</b>	[REDACTED]
<b>Career Satisfactory Service:</b>	[REDACTED]	<b>Total Points for Retirements:</b>	[REDACTED]	<b>Total Points for Retirements:</b>	[REDACTED]
<b>Statement Reason:</b>	[REDACTED]	<b>Satisfactory Service Years, Months, and Days:</b>	[REDACTED]	<b>Satisfactory Service Years, Months, and Days:</b>	[REDACTED]
<b>TAFMS:</b>	[REDACTED]				

### All Points Earned

Anniversary Year Point Credit information prior to 2001, from Sister Services, or the Active Duty Component may not be available in MilPDS.

From Date	Thru Date	AD	IDT	ADL	IDS	MBR	Total	Retire	Sat. Svc.
17 SEP 2015	16 SEP 2016	0063	0040	0000	0000	015	00118	00118	010000
From Date	Thru Date	Type Duty (TD)						Pts	
03 OCT 2015	03 OCT 2015	7: Paid Inactive Duty						002	
04 OCT 2015	04 OCT 2015	7: Paid Inactive Duty						002	
<b>Total points accrued through 06 NOV 2023:</b>		1584	0213	0046	0000	105	01948	01933	070000

ENLISTED RECORD BRIEF

BRIEF DATE 20230525		NAME [REDACTED]				RANK - DOR SSG 20220930				PMOS 36B		SSN [REDACTED]		COMPONENT NG									
<b>SECTION I - Assignment Information</b>						<b>SECTION II - Security Data</b>				<b>SECTION III - Service Data</b>				<b>SECTION IV - Personal/Family Data</b>									
OS/Deployment Combat Duty						PSI Status Q PSI INIT [REDACTED]				BASD 20160815		PEBD 20150707		BESD 20150707		Date of Birth [REDACTED]		Birthplace					
Start - End Date		CT	MO	TS	TT		PSI Invest Compl [REDACTED]				ETS 20241006		DIEMS 20150115		Reenl Elig/Prohib		Country of Citz US		Sex / Race				
							SEC CLNC SEC				# Days		AGCM Dt		AGCM Elig Dt		No. of Dependent		[REDACTED]				
						<b>Section V - Foreign Language</b>				DOR		PVT		PFC		SPC -CPL		Religion		[REDACTED]			
						Language	Read	Listen	Speak	SGT		SSG		SFC		MSG - 1SG		Marital Status		S [REDACTED] ace / Citz			
Dwell Time						DEROS				DOR 20180901		SGM -CSM 20220930		PULHES 111111		MRC 4		Height/Weight		65 / 142			
Start										<b>SECTION VII - Civilian Education</b>				EFMP Dt		#Cmd Sponsored		Physical Category		BLANK			
Month - Days						DROS				Level Completed COMPLETED ONE SEMESTER OF COLLEGE				Last Physical Exam		MMRB Results/Dt		APFT Dt P/F Score		202304 / P / 449			
Date Dependents Arrived OS										Institution				Home of Record		Mailing Address		[REDACTED]		[REDACTED]			
PMOS 36B		SQR 4				DLAB				Discipline				MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks					
SMOS		PDSI/YRMO - / -				<b>SECTION VI - Military Education</b>				Number Of Semester Hours Completed				RGMT AFL		Adjusted Ready Reserve Oblig Date		DoD Email		[REDACTED]			
Bonus MOS		ASI 00				MEL Completed Distributed Learn/Structured Self Dev-Level				Technical Certification				Date Last Photo		Remarks		Acquisition Corps Status - NO		Acquisition Qualifications - /			
Bonus Enlist Elig Dt 20200811						MES COMPLETED				Course				MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks					
Promotion Points / YRMO /						Course				Year				MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks					
Prev Promotion Points / YRMO /						Year				Course Name				Dt Certified		Dt Expires		MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks	
PDSI Skills						DISTRIBUTED LEADER COURSE II 2021				ARCOM 1				MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks					
						SERE 100.2 LEVEL A SERE EDUCATION AND TRAININ 2019				JSAM 1				MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks					
ASVAB 70						Test # / Dt /				COA 2				MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks					
GT 112		EL 102	OF 103	ST 104			TGPS PERSONAL FINANCIAL PLANNING FOR TRANSITI 2019				AGCM 1				MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks				
CL 99		FA 112	SC 96			TGPS TRANSITION OVERVIEW - RESILIENT TRANSITI 2018				NDSM 2				MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks					
CO		MM 106	GM 105			TGPS VA BENEFITS I (VERSION 3) - (1 HR) BASIC LEADER 2017				ASR 2				MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks					
Delay Separation Reason						LEVEL I ANTITERRORISM AWARENESS TRAINING 2016				GWTSM 1				MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks					
AEA / Dt N /						UNIT ARMORER / PHYSICAL SECURITY COMBAT LIFESAVER								MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks					
Flag Code						Flag Start Dt				Flag Expiration Dt				MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks					
														MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks					
Date of Loss 20190717						Date of Last PCS				<b>SECTION IX - Assignment History</b>				Date of Last NCOER 20230331		MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
ASGT	FROM	MO	UNIT NO	ORGANIZATION				STATION	LOC	COMD	DUTY TITLE		DMOS	ASI	LANG	MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
Current	20220916		[REDACTED]	[REDACTED]				[REDACTED]	CA		SENIOR DISBURSING ANAL		36B30			MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
1st Prev	20220613	3	[REDACTED]	[REDACTED]				[REDACTED]	CA		#1 FINANCIAL MANAGEMEN		36B20			MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
2nd Prev	20220411	2	[REDACTED]	[REDACTED]				[REDACTED]	CA		SENIOR VENDOR SERVICES		36B30			MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
3rd Prev	20200815	19	[REDACTED]	[REDACTED]				[REDACTED]	CA		EXCESS DUE TO MTOE CHA		00F30			MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
4th Prev	20200331	4	[REDACTED]	[REDACTED]				[REDACTED]	CA		STANDARD EXCESS		36B30			MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
5th Prev	20190707	8	[REDACTED]	[REDACTED]				[REDACTED]	CA		SR VEN SVCS ANALYST		36B30			MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
6th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
7th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
8th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
9th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
10th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
11th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
12th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
13th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
14th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
15th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
16th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
17th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
18th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
19th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
20th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
21st Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
22nd Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
23rd Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			
24th Prev																MII Spouse SSN / MPC		Emergency Data Verified Date		SECTION X - Remarks			



# Record Review/Update

## All Pages

### Individual Information

The following information is provided from MilPDS. If there are any errors in the editable sections, you may correct the information by clicking on those links. If errors are found in items **not** editable, you will need to contact your unit, or your servicing military personnel section. If you require assistance or do not understand the available options, please click this link to [Contact Us](#)<sup>1</sup>.

Name: [REDACTED] Rank: TSG

#### Contact Information

Personal Email Address: [REDACTED]  
 Duty Email Address: [REDACTED]  
 Home Phone: [REDACTED]  
 Business Phone: [REDACTED]  
 Home Address: [REDACTED]  
 Mailing Address: [REDACTED]  
 Consent to Release: [REDACTED]

#### Family Information

Marital Status: [REDACTED]  
 Spouse's Military Status: [REDACTED]  
 Military Spouse's Name: [REDACTED]  
 Total Number of Dependents: [REDACTED]  
 Dependents in Household: [REDACTED]

#### Demographics Information

Sex: [REDACTED]  
 Race: [REDACTED]  
 Hispanic Declaration: [REDACTED]  
 Ethnic Group: [REDACTED]  
 Religious Preference: [REDACTED]  
 Date of Birth: [REDACTED]  
 Place of Birth: [REDACTED]  
 Citizenship: [REDACTED]

#### Civilian Work

Civilian Occupation: [REDACTED]  
 Airline: [REDACTED]



**EXAMPLE**

**California National Guard Counterdrug Task Force  
Security Questionnaire**

AUTHORITY: 50 U.S.C Section 781-887, Internal Security Act of 1950; Executive Order 0540, Security Requirements for Government Employment; Executive Order 12356, National Security Information and 5 U.S.C 301, Department Regulations, CNGBM 3100.01, National Guard Counterdrug Support.

PRINCIPAL PURPOSE: Failure to provide necessary personnel data for supported drug law enforcement agencies or California National Guard background checks and update existing security clearance information. Failure to provide true, accurate, and complete responses to ALL questions may result in non-consideration or disqualification form employment with the Counterdrug Task Force.

**Personal Information**

Name (Last, First, Middle) [REDACTED]

Suffix (ie: II, III, or Jr.):

SSN: [REDACTED]

Rank: *SSG*

Birth Date (YYYY/MM/DD): [REDACTED]

Birth City/State: [REDACTED]

Birth County: [REDACTED]

Birth Country: [REDACTED]

Gender (Circle one): *Male* Female

Unit of Assignment: [REDACTED]

Unit Address [REDACTED]

Maiden Name (if applicable) (Last, First, Middle):

Work Phone: [REDACTED]

*Day* Evening (Circle one)

Home Cell Phone: [REDACTED]

*Day* Evening (Circle one)

Driver's License Number: [REDACTED]

State DL issued: [REDACTED]

Expiration Date: [REDACTED]

**Other Names Used**

Have you **ever** used another name (Alias): Yes / *No* (Circle one)

If yes, From – To (YYYY/MM/DD-YYYY/MM/DD)

Name Used (include first, middle, and last names):

Reason for Alias:

**Police Information**

1. Your Police Record – Felony Offenses

Have you **ever** been charged with or convicted of any felony offense? Yes / *No*

**EXAMPLE**

CA-CD Form 301-R

Form Owner: CD2

If yes, provide the following:  
Offense Date (YYYY/MM/DD):  
Nature of Offense:  
Disposition:  
Authority/Court:  
City/State/Zip:  
Country:

2. Your Police Record – Firearms/Explosives Offenses

Have you **ever** been charged with or convicted of a firearms or explosives offense? Yes /  No

If yes, provide the following:  
Offense Date (YYYY/MM/DD):  
Nature of Offense:  
Disposition:  
Authority/Court:  
City/State/Zip:  
Country:

3. Your Police Record – Pending Charges

Are there currently any charges pending against you for any offense? Yes /  No

If yes, provide the following:  
Offense Date (YYYY/MM/DD):  
Nature of Offense:  
Disposition:  
Authority/Court:  
City/State/Zip:  
Country:

4. Your Police Record – Alcohol/Drug Offenses

Have you **ever** been charged with or convicted of any offense(s) to alcohol or drugs? Yes /  No

If yes, provide the following:  
Offense Date (YYYY/MM/DD):  
Nature of Offense:  
Disposition:  
Authority/Court:  
City/State/Zip:  
Country:

EXAMPLE

CA-CD Form 301-R

Form Owner: CD2

## 5. Military Record

In the last 7 years, have you been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? Yes /  No

If yes, provide the following:

Offense Date (YYYY/MM/DD):

Nature of Offense:

Disposition:

Authority/Court:

City/State/Zip:

Country:

## 6. Your Police Record – Other offenses

In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in questions 1, 2, 3, 4, or 5? (Do not include traffic fines of less than \$150.00 unless the violation was alcohol or drug related) Yes /  No

If yes, provide the following:

Offense Date (YYYY/MM/DD):

Nature of Offense:

Disposition:

Authority/Court:

City/State/Zip:

Country:

## 7. Your Use of Illegal Drugs and Drug Activity – Illegal Use of Drugs

Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSC, PCP, etc.), or prescription drugs? Yes /  No

If yes, provide the following:

Controlled Substance/Prescription Drug Used:

From – To (YYYY/MM/DD-YYYY/MM/DD):

Number of Times Used:

## 8. Your Use of Illegal Drugs and Drug Activity – Use in Sensitive Position

Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety? Yes /  No

If yes, provide the following:

Controlled Substance/Prescription Drug Used:

From – To (YYYY/MM/DD-YYYY/MM/DD):

Number of Times Used:

EXAMPLE

## 9. Your Use of Illegal Drugs and Drug Activity – Drug Activity

In the last **7 years**, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another? Yes /  No

If yes, provide the following:

Controlled Substance/Prescription Drug Used:

From – To (YYYY/MM/DD-YYYY/MM/DD):

Number of Times Used:

## 10. Your Use of Alcohol

In the last **7 years**, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? Yes /  No

If yes, provide the following:

From – To (YYYY/MM/DD-YYYY/MM/DD):

Counselor/Doctor Name (First, Middle, Last):

Address:

City/State/Country/Zip:

## 11. Government Travel Card (GTC)

Has your GTC ever been suspended? Yes /  No

Dates Suspended: From – To (YYYY/MM/DD-YYYY/MM/DD):

If yes, explain below:

## 12. Security Clearance

Have you ever been denied a security clearance? Yes /  No

Have you ever had a security clearance revoked? Yes /  No

Have you ever been required to submit a statement of reason in response to a security clearance investigation finding? Yes /  No

If yes to any of the above, please provide further information below:

**EXAMPLE**

CA-CD Form 301-R

Form Owner: CD2

**Certification That My Answers Are True**

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by and up to termination from the California National Guard Counterdrug Task Force, by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature and Date (Sign in ink):

[Redacted Signature and Date]

Witness Name (Print Name):

[Redacted Witness Name]

**\*\*SIGN AND DATE IN INK\*\***

Witness Signature and Date (Sign in ink):

[Redacted Witness Signature and Date]

CUI

Information contained in this packet is controlled unclassified information, which must be protected under Department of Defense guidelines and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.



- 5. I hereby release you as the custodian of such records, and any school, or other repository of military, employment or medical records, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request validity of this release, you may contact me as indicated below. **"The consents and authorizations for release of information contained herein shall remain in effect for any initial and/or subsequent release of information for the entire period of my current Counterdrug Task Force orders and any renewal of such orders."**
- 6. I hereby understand and agree that during any period of time I am on orders with the Counterdrug Task Force I am required to promptly inform (within ten days of occurrence) my Counterdrug Task Force commander if any of the following occur: I am arrested by law enforcement, I have a positive urinalysis for drug use, I become subject to any disciplinary action (military or civilian) including any non-judicial punishment (Article 15), I become subject to any civilian or military court orders, or I become subject to any foreseeable criminal (civilian or military) adjudication. I understand that if I fail to comply with this notification requirement I may be terminated for cause from the Counterdrug Task Force.
- 7. A photocopy of this release is to be considered as valid as an original.

**Certification That My Answers Are True**

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by and up to termination from the California National Guard Counterdrug Task Force, by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

**\*\*SIGN AND DATE IN INK\*\***

<p>Date 20230525</p> <p>Social Security Number [REDACTED]</p> <p>Telephone Number [REDACTED]</p> <p>Date of Birth [REDACTED]</p> <p>Witness Name (Typed or printed) [REDACTED]</p>	<p>Signature (Sign in Ink) [REDACTED]</p> <p>Full Name (Typed or Printed) [REDACTED]</p> <p>Current Address [REDACTED]</p> <p>California Driver's License Number [REDACTED]</p> <p>Witness Signature (Sign in Ink) [REDACTED]</p>
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**FOR OFFICIAL USE ONLY**

This information is FOR OFFICIAL USE ONLY (FOUO); which must be protected under the Freedom of Information Act (5 U.S.C 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.



**NCO EVALUATION REPORT (SSG-1SG/MSG)**

For use of this form, see AR 623-3; the proponent agency is DCS, G-1.

SEE PRIVACY ACT STATEMENT  
IN AR 623-3**PART I - ADMINISTRATIVE DATA**

a. NAME (Last, First, Middle Initial) [REDACTED]		b. SSN (or DOD ID No.) [REDACTED]	c. RANK SSG	d. DATE OF RANK 20220930	e. PMOSC 36B40
f. UNIT, ORG, STATION, ZIP CODE OR APO, MAJ OR COMMAND [REDACTED]			g. STATUS CODE M-DAY	h. UIC [REDACTED]	i. REASON FOR SUBMISSION 02   Annual
j. PERIOD COVERED		k. RATED MONTHS 12	l. NONRATED CODES	m. NO OF ENCLOSURES 0	n. RATED NCO'S EMAIL ADDRESS (.gov or .mil) [REDACTED]
FROM YEAR MONTH DAY 20220401	THRU YEAR MONTH DAY 20230331				

**PART II - AUTHENTICATION**

a1. NAME OF RATER (Last, First, Middle Initial) [REDACTED]		a2. SSN (or DOD ID No.) [REDACTED]	a3. RATER'S SIGNATURE [REDACTED]	a4. DATE (YYYYMMDD) 20230420		
a5. RANK 1LT	PMOSC/BRANCH 36A	ORGANIZATION [REDACTED]	DUTY ASSIGNMENT XO	a6. RATER'S EMAIL ADDRESS (.gov or .mil) [REDACTED]		
b1. NAME OF SENIOR RATER (Last, First, Middle Initial) [REDACTED]		b2. SSN (or DOD ID No.) [REDACTED]	b3. SENIOR RATER'S SIGNATURE [REDACTED]	b4. DATE (YYYYMMDD) 20230420		
b5. RANK CPT	PMOSC/BRANCH 36A	ORGANIZATION [REDACTED]	DUTY ASSIGNMENT Commander	b6. SENIOR RATER'S EMAIL ADDRESS (.gov or .mil) [REDACTED]		
c1. SUPPLEMENTARY REVIEW REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	c2. NAME OF SUPPLEMENTARY REVIEWER (Last, First, Middle Initial) [REDACTED]	c3. RANK [REDACTED]	PMOSC/ BRANCH [REDACTED]	ORGANIZATION [REDACTED]	DUTY ASSIGNMENT [REDACTED]	
c4. COMMENTS ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	c5. SUPPLEMENTARY REVIEWER'S SIGNATURE [REDACTED]	c6. DATE (YYYYMMDD) [REDACTED]	c7. SUPPLEMENTARY REVIEWER'S EMAIL ADDRESS (.gov or .mil) [REDACTED]			
RATED NCO: I understand my signature does not constitute agreement or disagreement with the assessments of the rater and senior rater. I further understand my signature verifies that the administrative data in Part I, the rating officials and counseling dates in Part II, the duty description in Part III, and the APFT and height/weight entries in Part IVa and IVb are correct. I have seen the completed report. I am aware of the appeals process of AR 623-3.						
d1. COUNSELING DATES	INITIAL 20220401	LATER 20220604	LATER 20220813	LATER 20230304	d2. RATED NCO'S SIGNATURE [REDACTED]	d3. DATE (YYYYMMDD) 20230420

**PART III - DUTY DESCRIPTION (Rater)**

a. PRINCIPAL DUTY TITLE <b>SQUAD LEADER, SR FINANCIAL MANAGEMENT ANALYST</b>	b. DUTY MOSC <b>36B40</b>
c. DAILY DUTIES AND SCOPE (To include, as appropriate, people, equipment, facilities, and dollars) <b>Serve as Senior Financial Management Analyst for 217th Finance Detachment. Responsible for the supervision, training, safety, health, morale, and welfare of five soldiers.</b>	
d. AREAS OF SPECIAL EMPHASIS <b>Military Pay, Army Physical Fitness Training</b>	
e. APPOINTED DUTIES <b>UPL, Physical Security, Retention</b>	

**PART IV - PERFORMANCE EVALUATION, PROFESSIONALISM, ATTRIBUTES, AND COMPETENCIES (Rater)**

a. APFT Pass/Fail/Profile: _____ Date: _____	b. Height: 66 Weight: 154 Within Standard? YES
(Comments required for "Failed" APFT, "No" APFT, or "Profile" when it precludes performance of duty, and "No" for Army Weight Standards.) <b>o transitioned out of RA and no APFT was taken during rating period</b>	
c. CHARACTER: (Include bullet comments addressing Rated NCO's performance as it relates to adherence to Army Values, Empathy, Warrior Ethics/Service Ethos, and Discipline. Fully supports SHARP, EO, and EEO.)  MET STANDARD <input checked="" type="checkbox"/> DID NOT MEET STANDARD <input type="checkbox"/>	COMMENTS: <b>o led by example and improved morale by supporting EO and SHARP</b> <b>o accepted responsibility and always sought ways to improve as an NCO</b> <b>o always placed the mission and his soldiers first</b>





## ENLISTED PERFORMANCE REPORT (AB thru TSgt)

### PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 United States Code (U.S.C.) 8013, Secretary of the Air Force; AFI 36-2406, and Executive Order 9397 (SSN), as amended.  
**PURPOSE:** Used to document effectiveness/duty performance history; promotion; school and assignment selection; reduction-in-force; control roster; reenlistment; separation; research and statistical analysis.  
**ROUTINE USES:** May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). DoD Blanket Routine Uses apply.  
**DISCLOSURE:** Voluntary. Not providing SSN may cause form to not be processed or to positively identify the person being evaluated  
**SORN:** F036 AF PC A, Effectiveness/Performance Reporting Records

#### I. RATEE IDENTIFICATION DATA (Refer to AFI 36-2406 for instructions on completing this form)

1. NAME (Last, First, Middle Initial) [REDACTED]	2. SSN [REDACTED]	3. RANK [REDACTED]	4. DAFSC [REDACTED]
5. ORGANIZATION, COMMAND, AND LOCATION [REDACTED]		6. PAS CODE [REDACTED]	7. FDID N/A
8. PERIOD OF REPORT (DD Mmm YYYY) From: 24 Oct 2019 Thru: 31 Jan 2021	9. NO. DAYS NON-RATED 0	10. NO. DAYS SUPERVISION 465	11. REASON FOR REPORT BIENNIAL

#### II. JOB DESCRIPTION

1. DUTY TITLE  
[REDACTED]

2. KEY DUTIES, TASKS, AND RESPONSIBILITIES (Primary and Additional Duties) (Minimum of 1 line, but limited to 4 lines)  
[REDACTED]

#### III. PERFORMANCE IN PRIMARY DUTIES/TRAINING REQUIREMENTS (Using AFI 36-2618. The Enlisted Force Structure, as the standard of performance expectations commensurate with the ratee's rank; assess to what degree the ratee complied with the following performance expectations.)

1. **Task Knowledge/Proficiency:** Consider the quality, quantity, results, and impact of the Airman's knowledge and ability to accomplish tasks. **Initiative/Motivation:** Describes the degree of willingness to execute duties, motivate colleagues, and develop innovative new processes. **Skill Level Upgrade Training:** Consider skill level awarding course, CDC timeliness completion, course exam results, and completion of core task training. **Duty Position Requirements, Qualifications, and Certifications:** Consider duty position qualifications, career field certifications (if applicable), and readiness requirements. **Training of Others:** Consider the impact the Airman made training others.

Not-Rated	Met some but not all expectations	Met all expectations	Exceeded some, but not all expectations	Exceed most, if not all expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### 2. COMMENTS (Minimum 1 line, but limited to 6 lines)

[REDACTED]

#### IV. FOLLOWERSHIP/LEADERSHIP

1. **Resource Utilization (e.g. Time Management, Equipment, Manpower, and Budget):** Consider how effectively the Airman utilizes resources to accomplish the mission. **Complies with/Enforces Standards:** Consider personal adherence and enforcement of fitness standards, dress and personal appearance, customs and courtesies, and professional conduct. **Communication Skills:** Describes how well the Airman receives and relays information, thoughts, and ideas up and down the chain of command (includes listening, reading, speaking, and writing skills); fosters an environment for open dialogue. **Caring, Respectful, and Dignified Environment (Teamwork):** Rate how well the Airman selflessly considers others, values diversity, and sets the stage for an environment of dignity and respect; to include promoting a healthy organizational climate.

Not-Rated	Met some but not all expectations	Met all expectations	Exceeded some, but not all expectations	Exceed most, if not all expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### 2. COMMENTS (Minimum 1 line, but limited to 2 lines)

[REDACTED]

#### V. WHOLE AIRMAN CONCEPT

1. **Air Force Core Values:** Consider how well the Airman adopts, internalizes, and demonstrates our Air Force Core Values of Integrity First, Service Before Self, and Excellence in All We Do. **Personal and Professional Development:** Consider the amount of effort the Airman devoted to improving themselves and their work center/unit through education and involvement. **Esprit De Corps and Community Relations:** Consider how well the Airman promotes camaraderie, embraces esprit de corps, and acts as an Air Force ambassador.

Not-Rated	Met some but not all expectations	Met all expectations	Exceeded some, but not all expectations	Exceed most, if not all expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### 2. COMMENTS (Minimum 1 line, but limited to 2 lines)

[REDACTED]

<b>VI. OVERALL PERFORMANCE ASSESSMENT</b> (Overall assessment of performance during rating period commensurate with Sections III-V.)				RATEE NAME: [REDACTED]	
Not-Rated <input type="checkbox"/>	Met some but not all expectations <input type="checkbox"/>	Met all expectations <input type="checkbox"/>	Exceeded some, but not all expectations <input checked="" type="checkbox"/>	Exceed most, if not all expectations <input type="checkbox"/>	
<b>VII. RATER INFORMATION</b> (Signature signifies this is an unbiased assessment and all ACA feedback sessions were completed as required per AFI 36-2406)					
NAME, RANK, BRANCH OF SERVICE, ORGN, CMD, AND LOCATION [REDACTED]		DUTY TITLE [REDACTED]		SSN [REDACTED]	DATE 02 Feb 2021
		Type of Signature Digital	SIGNATURE [REDACTED]		
<b>VIII. ADDITIONAL RATER'S COMMENTS</b>				<input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> NON-CONCUR	
1. COMMENTS (Comments are optional unless required for Referral; if not used, state "This Section Not Used") (Minimum of 1 line, but maximum of 2 lines) [REDACTED]					
NAME, RANK, BRANCH OF SERVICE, ORGN, CMD, AND LOCATION [REDACTED]		DUTY TITLE [REDACTED]		SSN [REDACTED]	DATE 02 Feb 2021
		Type of Signature Digital	SIGNATURE [REDACTED]		
<b>IX. UNIT COMMANDER/MILITARY OR CIVILIAN DIRECTOR/OTHER AUTHORIZED REVIEWER'S COMMENTS</b>				<input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> NON-CONCUR	
1. COMMENTS (Comments are optional with a maximum of 1 line, if not used, state "This Section Not Used") [REDACTED]					
2. FUTURE ROLES (Recommend up to three roles/assignments that best serve the Air Force and continues the Airman's development)					
1. [REDACTED]					
3. PROMOTION ELIGIBLE (Promotion eligibility as-of closeout date) NO		4. THIS IS A REFERRAL REPORT NO		5. QUALITY FORCE REVIEW (Ratee's personnel record has been reviewed for quality force indicators during the reporting period) YES	
6. PROMOTION RECOMMENDATION (Completed by Forced Distribution Authority only when member is TIG/TIS promotion eligible on EPR closeout date)					
DO NOT PROMOTE <input type="checkbox"/>	NOT READY NOW <input type="checkbox"/>	PROMOTE <input type="checkbox"/>	MUST PROMOTE <input type="checkbox"/>	PROMOTE NOW <input type="checkbox"/>	
NAME, RANK, BRANCH OF SERVICE, ORGN, CMD, AND LOCATION [REDACTED]		DUTY TITLE [REDACTED]		SSN [REDACTED]	DATE 07 Feb 2021
		Type of Signature Digital	SIGNATURE [REDACTED]		
<b>X. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR</b> (Indicate applicable review by marking the appropriate box)				<input type="checkbox"/> FUNCTIONAL EXAMINER <input type="checkbox"/> AIR FORCE ADVISOR	
NAME, RANK, BRANCH OF SERVICE, ORGN, CMD, AND LOCATION		DUTY TITLE		SSN	DATE
		Type of Signature Digital	SIGNATURE		
<b>XI. REMARKS</b> (Only use this section to spell out uncommon acronyms or to place required comments IAW AFI 36-2406.) [REDACTED]					
<b>XII. RATEE'S ACKNOWLEDGEMENT</b> I acknowledge all required ACA feedback was accomplished during the reporting period and feedback was provided upon receipt of this report (unless otherwise stated above).					
Type of Signature Digital	SIGNATURE [REDACTED]				DATE 07 Feb 2021

# Medical Protection System (MEDPROS) - Individual Medical Readiness

Personnel	
Name	[REDACTED]
SSN	[REDACTED]
Rank	SSG
DOB	[REDACTED]
Sex	M
UIC	[REDACTED]
Description	[REDACTED]
Compo	NG
Arrival Date	2011/11/11
Location	CA
Command	
Duty Title	SR DISBURSING ANALYS
Duty AOC	36B
VA Disability Rating	No
VA Disability Rating Date	

Dental		
Dental Class	Amber	2
Panograph	Green	Y
Last Dental Exam	Amber	2023/05/23

Vision		
Vision Class	Green	1
Vision Screening Date		2022/12/07
Two Pair of Glasses	Green	Not Applicable
Mask Inserts	Green	NA
Mission Required Contact Lenses (MRCL)		
Military Combat Eye Protection	Y	
Military Combat Eye Protection Inserts		NA
Last Prescription Date On File		

Hearing		
Hearing Class	Green	1
Hearing Readiness Status	Ready	
Audiogram Date		2022/12/14
Triple or Single Flange Earplugs Issued?		

Equipment		
Hearing Aid	Green	Not Applicable
Medical Warning Tags	Green	Not Applicable
Allergy / Conditions		

Occupational Protection		
Respiratory	Green	Not Applicable
Hearing	Green	Not Applicable
Vision	Green	Not Applicable

Physical Assessment Data		
PULHES Code		111111
PULHES Source		Physical Exam
PHA Date	Green	2023/01/06
Current Physical Exam Date		2015/12/08
Physical Category		
Height		65
Weight		138
Flight Status		N

Deployment Limitations		
Green	N	
Green	N	
Green	N	

Labs		
Blood Type		A+
HIV Test Date	Green	2022/12/14
DNA	Green	On File
Sickle Cell Screen		NA
Sickle Cell Screen Date		
Pregnant		Not Applicable
G6PD Date		2015/12/08
G6PD Status		Normal

Immunizations / Pharmacy		
IMM Profile	Amber	Routine Adult
180 Day Meds	Green	NA

Annotated in Deployment Medical Record	
Blood Type	A+
Medication	NA
Medical Warning Tags	Not Applicable
Immunization Record	Yes
Summary Sheet of Medical Problems	Yes
Corrective Lens Prescription	Not Applicable

Deployment Health Assessments		
Latest Date for Pre	N/A	2016/12/20
Latest Date for Post	N/A	2017/09/13
Latest Date for PDHRA	N/A	



Individual Medical Readiness Status

[Redacted]  
 [Redacted]  
 [Redacted] **Log Off**

<b>IMR</b>	<b>Profile</b>	<b>Immunizations</b>	<b>Deployment and DrHA</b>	<b>Medical Clearance</b>	<b>SHPE</b>	<b>MTF Instructions</b>
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IMR ACTION LIST

[MHA]  
[Action List Help](#)  
[MyIMR User Guide](#)

PHA	Overall Status:		Overdue or Not Ready		Profile	Med Equipment		Other
	Dental	Labs	Dental	Labs		Current	Other	
Current	Current	Current	Not Ready	Current	Not Ready	Current		
<b>PHAQ:</b>	Dental Class:	Blood Type:	Restriction:	GMI Required:	ANAM Date:			
Interval History:	Dental Date:	RH:	Release Date:	GMI Issued:				
DD2766 Review and Update:	Last Mil Exam:	Sickle Cell Screen:		GMI Type:				
Provider Review/Signature:		G6PD:						
Last In-Person PHA:		HIV Date:						
		DNA:						

# ARMY COMBAT FITNESS TEST SCORECARD

For use of this form, see ATP 7-22.01; the proponent agency is TRADOC.

FOR OFFICIAL USE ONLY

NAME (Last, First, MI)

GENDER

MALE  FEMALE

UNIT/LOCATION

217th FMSO

**NOTE:** To convert raw scores to scaled scores, refer to the ACFT event score conversion tables posted to the Army Combat Fitness Test website at <https://www.army.mil/acft>.

Body Composition Testing will **NOT** be conducted on the same day as the ACFT. To avoid illness and injury, height and weight should be recorded at least 7 days before or at least 7 days after the ACFT when feasible.

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 7013, Department of the Army; 10 USC 671, Members not to be assigned outside United States before completing training; 10 USC 14503, Discharge of officers with less than six years of commissioned service or found not qualified for promotion to first lieutenant or lieutenant (junior grade); Army Regulation 350-1, Army Training and Leader Development.

**PRINCIPAL PURPOSE:** The Army Combat Fitness Test (ACFT) assesses a Soldier's combat fitness capability. Fitness test standards are adjusted for age and gender. For additional information, see the System of Records Notice 0005, Defense Training Records, <https://www.federalregister.gov/documents/2020/12/28/2020-26548/privacy-act-of-1974-system-of-records>.

**ROUTINE USES:** There is no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

**DISCLOSURE:** Voluntary. However, failure to provide identifying information may prevent ability to remain in the military.

### TEST ONE

DATE (YYYYMMDD) 20230416 MOS \_\_\_\_\_ GRADE E6 AGE 25

BODY COMPOSITION DATE:

HEIGHT (inches) 65 WEIGHT 142 lbs.  GO  NOGO BODY FAT \_\_\_\_\_ %  GO  NOGO

#### 3 REPETITION MAXIMUM DEADLIFT (weight lifted - check heaviest (lbs.))

1ST ATTEMPT  185 2ND ATTEMPT  200 POINTS 72 GRADER INITIALS JC

#### STANDING POWER THROW (distance thrown - check longest (meters : centimeters))

1ST THROW  8.2 2ND THROW  8.3 POINTS 68 GRADER INITIALS JC

#### HAND-RELEASE PUSH-UP (number of correctly performed repetitions)

REPETITIONS 35 POINTS 80 GRADER INITIALS JC

#### SPRINT - DRAG - CARRY (overall event time (minutes : seconds))

TIME 2:20 POINTS 62 GRADER INITIALS JC

#### PLANK (maintain proper straight line position (minutes : seconds))

TIME 2:30 POINTS 80 GRADER INITIALS JC

#### 2 - MILE RUN (overall event time (minutes : seconds))

TIME 15:59 POINTS 88 GRADER INITIALS JC

5K ROW / 1K SWIM / 12K BIKE / 2.5MI WALK [(circle or use the drop down list) (overall time to reach required distance (minutes : seconds))]

TIME \_\_\_\_\_  GO  NOGO POINTS (60/0) 450 GRADER INITIALS \_\_\_\_\_

SOLDIER SIGNATURE \_\_\_\_\_ DATE 2023-05-25 TOTAL POINTS 450

OIC/NCOIC NAME (Last, First, MI) \_\_\_\_\_ RANK SSG  GO  NOGO

OIC/NCOIC SIGNATURE \_\_\_\_\_ DATE 2023-05-25

### TEST TWO

DATE (YYYYMMDD) \_\_\_\_\_ MOS \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

BODY COMPOSITION DATE:

HEIGHT (inches) \_\_\_\_\_ WEIGHT \_\_\_\_\_ lbs.  GO  NOGO BODY FAT \_\_\_\_\_ %  GO  NOGO

#### 3 REPETITION MAXIMUM DEADLIFT (weight lifted - check heaviest (lbs.))

1ST ATTEMPT  \_\_\_\_\_ 2ND ATTEMPT  \_\_\_\_\_ POINTS \_\_\_\_\_ GRADER INITIALS \_\_\_\_\_

#### STANDING POWER THROW (distance thrown - check longest (meters : centimeters))

1ST THROW  \_\_\_\_\_ 2ND THROW  \_\_\_\_\_ POINTS \_\_\_\_\_ GRADER INITIALS \_\_\_\_\_

#### HAND-RELEASE PUSH-UP (number of correctly performed repetitions)

REPETITIONS \_\_\_\_\_ POINTS \_\_\_\_\_ GRADER INITIALS \_\_\_\_\_

#### SPRINT - DRAG - CARRY (overall event time (minutes : seconds))

TIME \_\_\_\_\_ POINTS \_\_\_\_\_ GRADER INITIALS \_\_\_\_\_

#### PLANK (maintain proper straight line position (minutes : seconds))

TIME \_\_\_\_\_ POINTS \_\_\_\_\_ GRADER INITIALS \_\_\_\_\_

#### 2 - MILE RUN (overall event time (minutes : seconds))

TIME \_\_\_\_\_ POINTS \_\_\_\_\_ GRADER INITIALS \_\_\_\_\_

5K ROW / 1K SWIM / 12K BIKE / 2.5MI WALK [(circle or use the drop down list) (overall time to reach required distance (minutes : seconds))]

TIME \_\_\_\_\_  GO  NOGO POINTS (60/0) \_\_\_\_\_ GRADER INITIALS \_\_\_\_\_

SOLDIER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TOTAL POINTS \_\_\_\_\_

OIC/NCOIC NAME (Last, First, MI) \_\_\_\_\_ RANK \_\_\_\_\_  GO  NOGO

OIC/NCOIC SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



Report For:  
[Redacted]

Report Run:  
11/6/2023

Base:  
[Redacted]

Date of Birth:  
[Redacted]

Service Component: ?  
GUARD

Gender: ?  
[Redacted]

File Type Name: ?  
[Redacted]

Organization Name:  
[Redacted]

## Recent Physical Fitness History

Date	Cardio Score	Strength Score	Endurance Score	Composite Score
10/12/2023				
4/25/2023	53.5	17.2	16.9	87.6
10/18/2022	54.0	19.6	15.5	89.1
4/28/2022	54.5	17.0	15.0	86.5
11/1/2021				





**BOTH ARMY AND AIR**

# **DRIVER HISTORY REPORT**

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

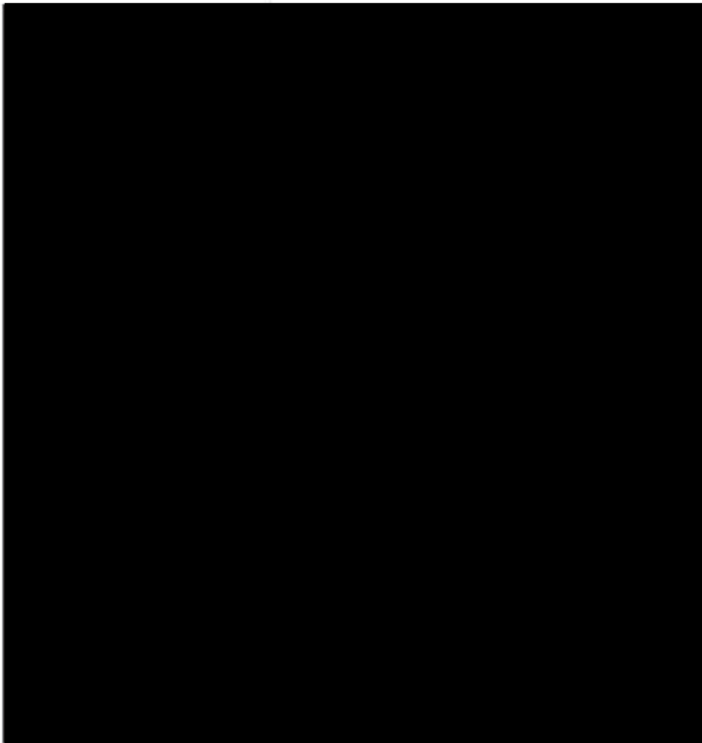
\*\*\*CUSTOMER RECEIPT COPY\*\*\*

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

11/06/2023

"





**BOTH ARMY AND AIR**

ENDORSEMENTS:NONE\*

HEALTH QUESTIONNAIRE EXPIRES:NONE\*

RESTRICTIONS:

MUST WEAR CORRECTIVE LENSES WHEN DRIVING\*

"

LICENSE STATUS:

VALID\*

DEPARTMENTAL ACTIONS:

NONE\*

CONVICTIONS:

NONE\*

FAILURES TO APPEAR:

**BOTH ARMY AND AIR**

NONE\*

ACCIDENTS:

NONE\*

END



DEPARTMENT OF THE ARMY  
CALIFORNIA ARMY NATIONAL GUARD

[Redacted]

NGCA-[Redacted]

23 July 2023

MEMORANDUM FOR RECORD

SUBJECT: Letter of Interest

1. I am interested in this position mainly because I want to continue to give back to my community. Through my continued service in the military I want it to have value. I have heard the great things Counterdrug has been able to do for the state of California through prevention and outreach. I would love to be a part of the goal to defend the state and the nation from drugs. I believe doing this mission will increase my intellect, talents, and growth as a soldier and citizen. I am trying to become a diverse individual, meaning that I have the ability to do different careers throughout my lifespan. This is a step that I would like to take and make a career if the job permits. My unit does not plan to deploy within the next 6 months. I will also not be promoting within the next 6 months.

2. Point of Contact for this Letter of Recommendation is [Redacted]  
[Redacted]

[Redacted]  
[Redacted]