

**APPLICATION FOR USAR ACTIVE GUARD RESERVE (AGR) DUTY**

(Applicant must read, complete as required, and sign front and back where indicated.)

**THIS FORM IS REPRODUCIBLE**

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

**AUTHORITY:** 10 USC 12301(d), 10 USC 10211, and 10 USC 10302.  
**PRINCIPLE PURPOSE:** To determine eligibility and schedule individual for Army Reserve AGR duty.  
**ROUTINE USES:** To identify the applicant and issue orders. SSN is used to identify the applicant.  
**DISCLOSURE:** Completing this form is mandatory for individuals applying for USAR AGR duty. Failure to comply will result in nonselection for USAR AGR duty.

<b>NAME: (Last, First, Middle)</b>	<b>SOCIAL SECURITY NUMBER:</b>	<b>TELEPHONE NUMBER: (Include Area Code)</b>	
		<i>HOME</i>	<i>BUSINESS</i>

<b>ALIAS/MAIDEN NAME:</b>	<b>E-MAIL ADDRESS:</b>	<b>CURRENT MAILING ADDRESS: (Street, City, ZIP Code)</b>
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<b>SEX:</b>	<b>DATE OF BIRTH: (YYYY-MM-DD)</b>	<b>PLACE OF BIRTH: (City/State or County)</b>
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<b>MARITAL STATUS: (Check one)</b>  <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<b>NUMBER OF DEPENDENT(S)</b>	
	<b>ADULTS</b>	<b>CHILDREN</b>

**CURRENT DUTY STATUS: (check appropriate boxes)**

Army Reserve Unit (TPU)       Active Army       Individual Ready Reserve (IRR)  
 National Guard (TPU)       Individual Mobilization Augmentee (IMA)       Other (Explain)

<b>RANK:</b>	<b>DATE OF RANK: (YYYY-MM-DD)</b>	<b>TOTAL NUMBER OF MONTHS TIME IN GRADE:</b>	<b>PEBD: (YYYY-MM-DD)</b>
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<b>ETS: (Enlisted) (YYYY-MM-DD)</b>	<b>MRD: (Officer) (YYYY-MM-DD)</b>	<b>BRANCH: (Officer)</b>
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<b>HIGHEST EDUCATION: (Civilian)</b>	<b>HIGHEST EDUCATION: (Military)</b>
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<b>PRIMARY MOS/AOC:</b>	<b>SECONDARY MOS/AOC:</b>	<b>ADDITIONAL MOS/FUNCTIONAL AREA:</b>
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<b>BASD: (YYYY-MM-DD)</b>	<b>COMMISSION SERVICE DATE: (YYYY-MM-DD)</b>	<b>NUMBER OF YEARS OF ACTIVE DUTY:</b>	<b>SECURITY CLEARANCE:</b>
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<b>UNIT NAME OF ASSIGNMENT:</b>	<b>UNIT TELEPHONE NUMBER: (Include Area Code)</b>
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<b>UNIT ADDRESS:</b>	<b>YOUR ALTERNATE E-MAIL ADDRESS:</b>
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**STATEMENT OF PERSONAL HISTORY AND ACKNOWLEDGMENT OF SERVICE  
REQUIREMENTS FOR AGR APPLICANTS**

**Statement of Personal History**

Have you EVER been arrested, cited, charged, investigated, apprehended, or held (civilian and military charges). (Failure to disclose all violations may be cause to remove your application, rescind, or revoke your assignment orders published.) (Details must be explained on a separate page.) (If none, write "NONE")

DATE OF OFFENSE (YYYY-MM-DD)	TYPE OF OFFENSE (Assault, Traffic, DUI, etc)	TYPE OF JUDICIAL or NON JUDICIAL or ADMINISTRATIVE PROCEEDING (Adverse Admin Action, Article 15, Reprimand, etc)	DISPOSITION (Not Guilty, Pending, Found Responsible, etc)	SENTENCE IMPOSED (Probation, Confinement, etc)

Family member special medical and/or educational requirements are considered when selecting newly assessed AGR Soldiers for assignments. Special needs constitute care requirements for potentially life-threatening conditions, chronic medical/physical conditions, current and chronic mental health conditions (6+ months), asthma or other respiratory diagnosis, ADD/ADHD diagnosis, adaptive equipment or assistive technology device needs, environmental and architectural considerations, and learning disabilities. Once a special need is identified or revealed, the Soldier is considered for EFMP enrollment. Please divulge any/all Family information pertaining to the above listed categories so proper consideration is given during the assignment selection process. (If none, write "NONE").

Personnel assigned to AGR assignments often represent the community in which they live and work. The actions and activities of the AGR Soldier and his or her Family are often perceived as representatives of the Army and the Army community. Personnel with serious Family problems or whose dependents have a history of involvement in unfavorable incidents, which may impair the AGR Soldier's performance of duty or reputation in the community, are unacceptable for selection as AGR Soldiers. In the space below, provide any information concerning yourself or your dependents, which may reflect upon your ability to serve in the AGR Program. (If none, write "NONE")

**ACKNOWLEDGMENT OF SERVICE REQUIREMENTS**

I am not under indictment (\*information) in any court, nor am I a fugitive from justice or currently serving on probation for any offenses(s). (\*a formal accusation of a crime made by a prosecuting attorney, as distinguished from an indictment presented by the grand jury).

I am not an unlawful user of, or addicted to, alcohol; marijuana; or a depressant, stimulant, or narcotic drug.

I have never been adjudicated as having a mental disorder and have never been committed to a mental institution.

I understand that if I arrive at my initial assignment and fail to meet the requirements for entry into the AGR Program, I will be processed for separation under AR 600-8-24 or AR 635-200.

I understand that prior to being ordered to active duty in the AGR Program, I must meet the medical fitness standards as defined in Chapter 3, AR 40-501. A current physical examination must be completed before assignment to an AGR position.

I understand that providing false information or concealing any disqualifying condition that I know or should know exists at the time of entry into the AGR Program may be a basis for adverse action against me. Such action may include judicial action under the provisions of federal law, including the federal criminal code and Uniform Code of Military Justice, and administrative action, including release from active duty and elimination from the Ready Reserve.

Do you have a dependent with the physical, emotional, developmental, or intellectual disorder that requires special treatment, therapy, education, training, counseling, equipment, assistance, or medical care above the level of a general practitioner?  YES  NO

**Dependent(s) require care for the condition of:** \_\_\_\_\_  
(Visit EFMP website shown below for more information)

**SELECT:**  Spouse  Daughter  Son  Other \_\_\_\_\_

Please visit: <http://efmp.amedd.army.mil> to obtain information regarding the Exceptional Family Member Program (EFMP).

**"I the undersigned, have read and understand all the conditions and service requirements outlined above."**

DATE

NAME: (Last, First, Middle)

SIGNATURE

**APPLICATION FOR USAR ACTIVE GUARD RESERVE (AGR) DUTY  
ADDITIONAL INFORMATION**

**CURRENT DUTY STATUS (OTHER)**

**OFFENSE DETAILS**

[Large empty area for providing details regarding current duty status and offenses.]

**ARMY RESERVE ACTIVE GUARD RESERVE (AGR)**

**SELECTION ELIGIBILITY CHECKLIST**

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**Please mark the appropriate response to each question. If you mark the INELIGIBLE block on any of the questions, DO NOT apply unless you are authorized to request a waiver under Table 2-2, AR 135-18. Waivable requests have been identified with a "W." A request for waiver must be attached to your application, if applicable.**

	ELIGIBLE	INELIGIBLE	WAIVER
1. Are you currently a member of the U.S. Army Reserve (Ready Reserve)? If you are a member of the Army National Guard or Active Army, are you willing to accept discharge with a concurrent appointment or enlistment in the USAR? (AR 135-18, Table 2-1, Rule A)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
2. Are you able to complete a 3-year initial tour of active duty prior to completing 18 years of active service or the mandatory removal from active status based on age or service (without any extensions) under provision of law or regulation, as prescribed by current directives. (AR 135-18, Table 2-1, Rule E)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	W <input type="checkbox"/>
<b>Authorized Retention Control Point (RCP) as of Feb 14:</b>			
a. If current grade is E4, are you able to complete your initial 3-year tour prior to reaching your RCP of 8 years of active service. (i.e., as an E4, must have less than 5 years of active service).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
b. If current grade is E5, are you able to complete your initial 3-year tour prior to reaching your RCP of 14 years of active service. (i.e., as an E5, must have less than 11 years of active service).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
3. Do you meet the retention medical standards of AR 40-501 (physical exam)? (AR 135-18, Table 2-1, Rule C)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
4. Are you entitled to and/or in receipt of military retired pay? (AR 135-18, Table 2-2, Rule C) Note: This rule is applicable to Soldiers that have 20 or more years of credible service towards a Reserve Retirement.	NO <input type="checkbox"/>	YES <input type="checkbox"/>	W <input type="checkbox"/>
5. Are you a former USAR AGR participant that was voluntarily released within the last year (from date of application)? (AR 135-18, Table 2-2, Rule D)	NO <input type="checkbox"/>	YES <input type="checkbox"/>	W <input type="checkbox"/>
6. Were you involuntarily removed from active duty or full time National Guard, including AGR status, for any of the following reasons? (AR 135-18, Table 2-3, Rule E)			
a. For cause, to include unsuitability or unfitness (other than for temporary medical disability) for military service,	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NA <input type="checkbox"/>
b. As a result of resignation in lieu of adverse personnel action,			
c. As a result of qualitative management program action, or			
d. Failure of selection by a tour continuation board. (Table 2-3, Rule E)			
7. Have you been relieved for cause from any duty position, including but not limited to relief from command, in the 36-month period preceding your date of application for the AGR Program, or the scheduled date of entry in the AGR Program? (AR 135-18, Table 2-2, Rule G)	NO <input type="checkbox"/>	YES <input type="checkbox"/>	W <input type="checkbox"/>
8. Have you been involuntarily removed from a unit (Selected Reserve) assignment for any of the following reasons? (AR 135-18, Table 2-3, Rule F)			
a. For cause;	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NA <input type="checkbox"/>
b. On attaining maximum years of service,			
c. As a result of qualitative retention board action, or			
d. As a result of selective retention board action.			

