

**AGR**  
**Command**  
**Assessment**  
**Program**  
**(CAP)**  
**PACKET**

# ACCESSIONS CERTIFICATION

DATE: \_\_\_\_\_

I, \_\_\_\_\_, attest to the best of my knowledge that I am:  
Print name

\_\_\_\_\_ Drug Free (attach copy of negative results completed within the past 30 days)  
(Initial)

\_\_\_\_\_ Not HIV positive (attach a copy of negative results completed within the past 6 months)  
(Initial)

\_\_\_\_\_ Not pregnant at this time (females only) (attach a copy of negative results completed within  
(Initial) the last 30 days)

\_\_\_\_\_ Not currently on temporary profile or recovery period (attach copy of you temp or perm profile,  
(Initial) if applicable)

\_\_\_\_\_ Not currently flagged, nor pending a flag or any adverse action  
(Initial)

\_\_\_\_\_ Not pending a court date (for any reason)  
(Initial)

\_\_\_\_\_ In compliance with bodyfat standards AR 600-9 (attach DA Form 500/5501-R completed within  
(Initial) 30 days if you do not meet table weight standards)

\_\_\_\_\_ Passed record APFT within past 30 days (attach a certified copy of DA Form 705)  
(Initial)

\_\_\_\_\_ List ALL medical conditions you have now or have had in the past, and list all medications you  
(Initial) are currently taking:

\_\_\_\_\_

\_\_\_\_\_

## Attach the following items:

- Current Army Reserve enlistment/reenlistment (DD Form 4) and extension (DA Form 3340-R, if applicable)
- Current physical exam (SF 88, 93 or DD 2807-1, DD 2808), completed within past twenty-four months
- Immediate commander's recommendation, no signature delegation authorized

What is your current rank? \_\_\_\_\_

Do you have a family member that requires special medical or education needs? Yes or No

\_\_\_\_\_  
(Signature of soldier and date signed)

\_\_\_\_\_  
(Printed Name and Rank/Grade of CDR, 1SG or UA)

\_\_\_\_\_  
(Signature of CDR, 1SG, UA)

\*Intentional omission or misstatement of fact, in official statements or records, for the purpose of misrepresentation is considered an act of misconduct and may lead to disciplinary action and/or removal for the AGR program.

Listed below are key points of interest for all soldiers accessing. Please ensure you read each statement and sign below to acknowledge your understanding.

- If you are a single soldier you will not be authorized to return to your point of entry for any reason.
- If you are a married soldier you will be authorized to return to your point of entry immediately upon graduation from AGRET or AIT (if you are required to retrain). You will only be authorized the travel time from your point of entry to your duty assignment, you will not be authorized any extended leave.
- You are required to be within the Army Fitness standards upon arrival at AGRET, you must meet the table weight standards or bodyfat standards and you must be capable of passing an APFT.
- If you are attending AIT upon completion of AGRET you must travel by air to Ft McCoy, WI and you will be required to travel by air to AIT. You are not authorized to travel POV. ABSOLUTELY NO EXCEPTIONS!!!
- If you are traveling more than 400 miles to Fort McCoy, WI from you point of entry you must travel by air, you are not authorized to travel by POV to AGRET. ABSOLUTELY NO EXCEPTIONS!!!

"You are entitled to a travel day but departure day from Ft McCoy, WI will be on a Saturday" no exceptions!!!

I have read and understand the statements above \_\_\_\_\_  
(Signature)

Please provide you current home address and phone number below:

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Army Knowledge Online (AKO) Email address (REQUIRED) \_\_\_\_\_

---

Accessions POC is CW3 Blankenbaker      Email [Debra.Blankenbaker@USARC-emh2.army.mil](mailto:Debra.Blankenbaker@USARC-emh2.army.mil)  
Phone: 612-713-3548      Fax: 612-713-3513



United States Army Reserve  
Active Guard Reserve  
(AGR)



*APPLICATION PACKET*

(revised October 2002)



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
U.S. ARMY RESERVE PERSONNEL COMMAND  
1 RESERVE WAY  
ST. LOUIS, MISSOURI 63132-5200



ARPC-PSV-BB

15 October 2002

MEMORANDUM FOR U.S. Army Soldiers

SUBJECT: Application for U.S. Army Reserve (USAR) Active Guard Reserve (AGR) Program

1. This memorandum outlines the application procedures and process for entry into the USAR AGR Program. Qualified soldiers in the ranks of Specialist through Master Sergeant; Warrant Officer One through Chief Warrant Officer Four and Second Lieutenant through Lieutenant Colonel interested in the USAR AGR Program are encouraged to apply. Applications must include all applicable documents on the Checklist for the USAR AGR Application. Applications without the applicable documents are considered incomplete and will not be presented to the board. It is strongly encouraged that applicants submit completed packets as early as possible to ensure time for their applications to be updated if necessary. If documents are missing, applicants will be given a suspense date for submission for those documents. If applicant does not meet the suspense their packet will not go before the next scheduled board. Prior to the board, applicant will be notified of the status of their application.

2. The AGR Entrance Board is an electronic board. Please ensure all documents are clear and clean so they are legible when scanned. Do not place application into a binder or use tabs, staples or clips. Assemble your complete application packets and forward to: Commander, AR-PERSCOM, ARPC-PSV-BB (AGR Entrance Board), 1 Reserve Way, St. Louis, MO 63132-5200.

3. The qualifications for entry into the AGR Program are found in AR 135-18, 1 Sep 94, The Active Guard Reserve (AGR) Program and Change 5, dated 19 Jun 96. Extracts from AR 135-18 are included on pages I through III to assist in completing the application. Additional requirements are found in AR 140-30, 1 Sep 94, Active Duty in Support of the United States Army Reserve (USAR) Active Guard Reserve (AGR) Management Program.

4. The board schedules are:	FY-03	FY-03
POSTMARKED BY	1 JANUARY 03	1 JUNE 03
BOARD MONTH	MARCH 03	SEPTEMBER 03
BOARD RESULTS MAILED	MAY 03	NOVEMBER 03

ARPC-PSV-BB

SUBJECT: Application for U.S. Army Reserve (USAR) Active Guard Reserve (AGR) Program

5. Applicants will receive written notification of their selection or non-selection for the USAR AGR Order of Merit List (OML) within 60 days of the approval of the board results. Selection for the OML does not guarantee a position in the USAR AGR Program.

6. Additional information about the USAR AGR Program and tips on completing an application can be found at our website: <https://www.2xcitizen.usar.army.mil>.

7. Point of contact for this board is Mrs. Ginger Hackney, USAR Boards Support Branch, at 314-592-0000 extension 5720, DSN 892-0000 extension 5720, 1-800-325-4118 extension 5720 or email [ginger.hackney@arpstl.army.mil](mailto:ginger.hackney@arpstl.army.mil).

FOR THE COMMANDER:

CHARLES E. BENSON  
COL, TC  
Director, Personnel Actions and Services

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**ENTRY INTO THE ACTIVE GUARD RESERVE PROGRAM  
EXTRACT FROM ARMY REGULATION 135-18**

**Table 2-1 Qualifications for entry in the AGR Program**

**Rule A Membership**

For entry in the AGR Program a soldier -

1. Must be in a Ready Reserve status and be a member of the Reserve Component of the Army to which the application for entry in the AGR Program is made.
2. If in the Regular Army, must agree to accept discharge from the Regular Army with concurrent appointment or enlistment in the Reserve Component of the Army to which the application for entry in the AGR Program is made.

**Rule B Age**

If an enlisted soldier, must be 18 years of age and not have reached his or her 55th birthday.

**Rule C Physical and Medical**

1. Prior to entry on Active Duty (AD) in the AGR Program, must be medically certified as drug free, be tested negative for Human Immunodeficiency Virus (HIV), and not be pregnant, per AR 40-501 and AR 600-110.
2. Must meet body composition/weight control standards prescribed by AR 600-9.
3. Must meet the medical fitness standards for retention per AR 40-501, chapter 3, and as further listed in AR 140-30. When appropriate, the soldier must also meet the medical fitness standards for flying duty per AR 40-501, chapter 4, or the medical fitness standards per AR 40-501, chapter 5.

**Rule D Military Education (see table 2-2, Rule A)**

If an officer in the grade of -

1. Lieutenant or captain, with less than 5 years in grade, must have completed a basic officer course.
2. Captain, with more than 5 years in grade, must have completed an officer advanced course.
3. Major, with more than 5 years in grade, must have completed at least 50 percent of the Army Command and General Staff College (CGSC), or an equivalent course specified in AR 135-155.

**Rule E Years of Service (see table 2-2, rules B & C)**

Must be able to serve at least 5 years on AD status prior to -

1. Completing 18 years of Active Federal Service (AFS).
2. The date of mandatory removal from an active status based on age or service (without any extensions) under any provision of law or regulation as prescribed by current directives.

**Rule F** Rescinded.

**Rule G Grade and Specialty (see table 2-2, rule G)**

1. If an officer or warrant officer -
  - a. Must possess the grade equal to, or below, that authorized for the AGR duty position.
  - b. Must possess the MOS/AOC compatible with the AGR duty position.
  - c. And if attachment is to an aviator, AMEDD, chaplain, JAGC, or warrant officer duty position in the AGR Program, the attachment must not be restricted by AR 140-10.

EXTRACT FROM ARMY REGULATION 135-18, TABLE 2-1 (CONTINUED)

2. If an enlisted soldier-

a. In the grade of staff sergeant or above, must possess the required grade, military occupational specialty (MOS), and skill level authorized for the AGR duty position.

b. In the grade of sergeant or below, must have the potential to become qualified in the MOS authorized for the AGR duty position during initial assignment.

**Rule H Reenlistment or Extension (See table 2-2, rule H)**

If an enlisted soldier, must be eligible for reenlistment or extension per AR 140-111, chapter 2.

**Rule I Administrative Requirement (AR 140-30)**

Must sign an appropriate certificate of agreement and understanding relative to service on AGR status.

**Rule J Security Clearance**

Must possess a valid security clearance as required for the grade and MOS of the AGR duty position.

**Table 2-2 Waivable disqualifications for entry in the AGR Program**

**Rule Unless waiver is submitted with application and approved by appropriate authority, entry in the AGR Program will be denied if a soldier –**

- A** Is an officer and does not meet the military educational requirements for his or her grade per table 2-1, rule D.
- B** Is unable to serve at least 5 years on AD status prior to achieving 18 years AFS or a mandatory date for removal from an active status as required by table 2-1, rule E.
- C** Would attain 18 or more years of AFS at any time during an initial tour in the AGR Program.
- D** Rescinded.
- E** Is entitled to military retired pay.
- F** Was voluntarily released from the AGR Program for 2 or more days and 1 year has not elapsed since the date of the release.
- G** Is an enlisted soldier –  
Staff sergeant or above, who possesses the required MOS, and is 1 or 2 grades below that required by the AGR duty position (table 2-3, rule E.)
- H** Is an enlisted soldier ineligible for reenlistment or extension per AR 140-111, chapter 2, unless the disqualification(s) for reenlistment or extension can be waived under this regulation.
- I** Has been relieved for cause from any duty assignment, including but not limited to relief from command, in the 36 month period preceding the date of application for the AGR Program, or the scheduled date of entry in the AGR Program.
- J** Is an officer or warrant officer who has received a referred officer evaluation report under AR 623-105, paragraph 4-27, in the 36 month period preceding the date of application for the AGR Program, or the scheduled date of entry in the AGR Program.

### Table 2-3 Nonwaivable disqualifications for entry in the AGR Program

#### Rule Entry in the AGR Program will be denied if a soldier -

- A** Does not meet the membership qualifications specified in table 2-1, rule A.
- B** Is an enlisted soldier and does not meet the age requirements of table 2-1, rule B.
- C** Does not meet the physical and medical requirements specified in table 2-1, rule C.
- D** Rescinded.
- E** Does not meet the grade and specialty requirements of table 2-1, rule G (see table 2-2, rule G), or whose grade is above that required for the AGR position.
- F** Is disqualified from entry on AGR status under table 2-2 and the disqualification has not been waived by the proper authority.
- G** Was involuntarily removed from AD or FTNGD, including duty in an AGR status,-
  - 1. For cause, to include unsuitability or unfitness (other than for temporary medical disability) for military service.
  - 2. Because of nonselection for promotion, based on fully qualified criteria, unless subsequently selected.
  - 3. As a result of resignation in lieu of adverse personnel action.
- H** Is an officer or warrant officer, nonselected for promotion as not fully qualified on latest consideration by a promotion board convened by HQDA.
- I** Has been involuntarily removed from a unit (Selected Reserve) assignment -
  - 1. For cause; or
  - 2. On attaining maximum years of service; or
  - 3. As a result of qualitative retention board action; or
  - 4. As a result of selective retention board action.
- J** Is, or should be as determined by the CAR, under a current suspension of favorable personnel action (flagged) per AR 600-8-2.
- K** Is an enlisted soldier barred from reenlistment in the USAR, or on whom a bar to reenlistment has been initiated.
- L** Is an enlisted soldier ineligible for reenlistment or extension per AR 140-111, chapter 2 (USAR), and the disqualification(s) for reenlistment or extension has not been waived under this regulation.
- M** Is an officer or warrant officer who would be ineligible for an original appointment under AR 135-100, paragraph 1-7, unless the disqualification(s) for appointment can be waived under AR 135-100.
- N** Rescinded
- O** Rescinded
- P** Does not possess a valid security clearance required for the grade and MOS per table 2-1, rule J.

# CHECKLIST FOR USAR ACTIVE GUARD RESERVE APPLICATION

NAME \_\_\_\_\_ COMPONENT \_\_\_\_\_  
(Last, First, Middle) Date (Active Army, IRR, IMA, ARNG, TPU)

## SOLDIER'S RESPONSIBILITIES

Complete the checklist by indicating that the following completed documents are attached. **Applications without the following completed documents are considered incomplete and will not be presented to the board.** It is applicant's responsibility to keep their packet up to date with changes that may occur. The Official Military Personnel File (OMPF) is the source document for the application process. It is the responsibility of the applicant to ensure that the OMPF is complete and accurate. **Any information not on the OMPF must be provided.** This checklist must be signed by the applicant. **All Troop Program Unit (both USAR & NG) and Active Army personnel will have their unit representative verify the application for completeness and sign below.** IRR/IMA soldiers' packets will be verified upon receipt. This checklist must be forwarded as the cover sheet of an Active Guard Reserve application.

**Do not place application into a binder or use tabs, staples, or clips.**

**Assemble your completed application packet and forward to:**

**Commander, AR-PERSCOM, ARPC-PSV-BB (AGR Entrance Board), 1 RESERVE WAY,  
ST. LOUIS, MO 63132-5200 **\*\*send recruiter applications through RSCs to FTSMO, ATTN: ARPC-ARE)****

- \_\_\_ 1. Color Photograph (Official DA photo preferred, height/weight as of date of application, and soldier's signature on back)
- \_\_\_ 2. Application for USAR Active Guard Reserve (AGR) Duty (ARPC Form 2370-R, Encl 2)
- \_\_\_ 3. USAR Active Guard Reserve (AGR) Selection Board Eligibility Checklist (ARPC Form 2370-1-R, Encl 3)
- \_\_\_ 4. Statement of Conditions of Service - Active Guard Reserve (AGR) (DA Form 5646-R, Encl 5)
- \_\_\_ 5a. Personnel Qualification Record Part I (DA Form 2A/B/C) (Active Army enlisted, TPU officer and enlisted, NG officer and enlisted) (must be updated within three months from date of application)
- \_\_\_ 5b. Personnel Qualification Record Part II (DA Form 2-1) (All TPU and NG) (must be updated within three months from date of application)
- \_\_\_ 5c. Officer or Enlisted Record Brief (Active Army only) (must be updated within three months from date of application)
- \_\_\_ 6. USAR soldiers must review the performance portion of their Official Military Personnel File (OMPF) on-line at <https://www.2xcitizen.usar.army.mil/portal/>. Soldiers must have an established Army Knowledge Online (AKO) before accessing the My2xcitizen portal. The AKO help desk can assist with any problems. Email: [help@us.army.mil](mailto:help@us.army.mil) <mailto:help@us.army.mil> or toll free 1-877-256-8737. Please provide any missing documents or additional supporting documents with the application packet.
- \_\_\_ 6a. Active Army soldiers must review the performance portion of their Official Military Personnel File (OMPF) on their AKO account. Please provide any missing documents or additional supporting documents with the application packet.
- \_\_\_ 6b. National Guard officers must review the performance portion of their Official Military Personnel File (OMPF) on their AKO account. The AKO help desk can assist you with any problems. Email: [help@us.army.mil](mailto:help@us.army.mil) or DSN 645-3791 or toll free 1-877-256-8737. Please provide any missing documents with the application packet.
- \_\_\_ 6c. National Guard enlisted soldiers must provide a microfiche or hard copy documents of the performance portion of their Official Military Personnel File.
- \_\_\_ 7. DA Form 1059/Certificate of Completion for highest level NCOES/OPD completed
- \_\_\_ 8. Copy of all documents that verify prior active duty (examples: NGB Form 22, DD Form 220, DD Form 214 (Copy 2, 4, 7, or 8), DD Form 215)
- \_\_\_ 9. Request for Waiver (If applicable) (Encl 4)
- \_\_\_ 10. Certificate of Ecclesiastical Endorsement (Chaplains Only, must be valid for current component)
- \_\_\_ 11. Memorandum to president of the AGR Entrance Board (Optional) (limit to 1 page)  
**Memorandums or letters from third parties are not authorized and will not be seen by the Board.**
- \_\_\_ 12. Please ensure that geographical preference is indicated on ARPC Form 2370-R (Application for USAR Active Guard Reserve [AGR] Duty)
- \_\_\_ 13. Additional Skills Summary (Encl 6)
- \_\_\_ 14. Commander's Statement (Encl 7)

**have reviewed this application for completeness: (Type or Print Legibly)**

Unit Representative's Name (For Active Army or USAR/NG TPU)

Signature

Unit Phone Number

Applicant's Signature

# 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 USAR 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.

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER		TELEPHONE NUMBER (Include Area Code) HOME BUSINESS ( ) ( )	
ALIAS/MAIDEN NAME		EMAIL ADDRESS must be ako email address	CURRENT MAILING ADDRESS (Street, City, State, Zip Code)		
SEX	DATE OF BIRTH (YYMMDD)	MARITAL STATUS (Check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>			NUMBER OF DEPENDENTS Adult Children
PLACE OF BIRTH (City/State or Country)					
CURRENT DUTY STATUS (Check appropriate boxes)					
<input type="checkbox"/> Army Reserve Unit (TPU)		<input type="checkbox"/> Active Army		<input type="checkbox"/> Individual Ready Reserve (IRR)	
<input type="checkbox"/> National Guard (TPU)		<input type="checkbox"/> Individual Mobilization Augmentee (IMA)		<input type="checkbox"/> Other (Explain)	
RANK	DATE OF RANK (YYMMDD)	TIME IN GRADE	PEBD (YYMMDD)	ETS (Enlisted) (YYMMDD)	MRO (Officer) (YYMMDD)
PRIMARY MOS/AOC		SECONDARY MOS/AOC	ADDITIONAL MOS/ FUNCTIONAL AREA	BASD (YYMMDD)	COMMISSION SERVICE DATE (YYMMDD)
				TOTAL NUMBER OF MONTHS ACTIVE FEDERAL SERVICE	SECURITY CLEARANCE
CURRENT UNIT OF ASSIGNMENT					UNIT TELEPHONE NUMBER/FAX (Include Area Code)
UNIT ADDRESS				UNIT EMAIL ADDRESS	

### GEOGRAPHICAL PREFERENCE

Please indicate your first 3 preferences, by state, for initial tour attachment in the USAR AGR program:

FIRST STATE PREFERENCE	SECOND STATE PREFERENCE	THIRD STATE PREFERENCE
------------------------	-------------------------	------------------------

**TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL INFORMATION AND DOCUMENTATION PROVIDED IS TRUE AND CORRECT.**

### UNIT PERSONNEL ONLY

(TO BE COMPLETED BY UNIT COMMANDER - IRR/IMA WILL BE VERIFIED UPON RECEIPT)

(Enlisted Only)

BAR TO REENLISTMENT  YES  NO

(Enlisted and Officer)

FLAGGED IAW AR 600-8-2  YES  NO

UNIT ADMINISTRATOR'S OR COMMANDER'S NAME, GRADE AND TITLE (Typed)

UNIT ADMINISTRATOR/COMMANDER'S PHONE NUMBER (Include Area Code)

**I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN VERIFIED AND IS ACCURATE.**

\_\_\_\_\_  
SIGNATURE OF UNIT ADMINISTRATOR

\_\_\_\_\_  
DATE SIGNED

# STATEMENT OF PERSONAL HISTORY AND ACKNOWLEDGMENT OF SERVICE REQUIREMENTS FOR AGR APPLICANTS

## Statement of Personal History

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

DATE OF OFFENSE	TYPE OF OFFENSE	TYPE OF JUDICIAL OR NON-JUDICIAL PROCEEDING	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AGR duty normally involves assignment in geographical areas that are away from military medical facilities. For this reason, personnel are not normally considered for AGR assignments when they or their family members living with them have a history of poor health or serious chronic medical problems such as hearing conditions, physical disorders, drug or alcohol abuse, degenerative conditions, or psychiatric disorders. Please give any information concerning such conditions or problems that you feel may hamper you if assigned to the AGR Program. ***(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 not acceptable for selection as AGR soldiers. In the space below, give 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 or (\*information) in any court nor am I a fugitive from justice. (\*A formal accusation of a crime made by a prosecuting attorney, as distinguished from an indictment presented by a 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 should 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 (after board selection) I must meet the medical fitness standards as defined in AR 40-501, Chapter 3. A current physical examination (SF 88 and SF 93) must be completed before being assigned 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 the Uniform Code of Military Justice, and administrative action, including release from active duty and elimination from the Ready Reserve.

Request consideration of assignment near military medical facilities for the treatment of \_\_\_\_\_

Dependent requiring such care is: \_\_\_\_\_

MARK ONE:  (spouse)  (daughter)  (son)  (other)

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND ALL OF THE CONDITIONS AND SERVICE REQUIREMENTS OUTLINED ABOVE.

# USAR ACTIVE GUARD RESERVE (AGR) SELECTION BOARD ELIGIBILITY CHECKLIST

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 USAR 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

**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 AR 135-18, Table 2-2. 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? 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? (Table 2-1, Rule A)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
2. Is your total ACTIVE FEDERAL SERVICE (AFS) 13 years (156 months) or less from the date of this application? (Table 2-1, Rule E)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	W <input type="checkbox"/>
3. Do you meet the retention medical standards of AR 40-501 (physical exam)? (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? (Table 2-2, Rule E)	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)? (Table 2-2, Rule F)	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? (Table 2-3, Rule G) a. For cause, to include unsuitability or unfitness (other than temporary medical disability) for military service; or b. Because of nonselection for promotion, based on fully qualified criteria, unless subsequently selected; or c. As a result of resignation in lieu of adverse personnel action.	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NA <input type="checkbox"/>
7. Have you been relieved for cause from any duty assignment, including but not limited to relief from command, within the past 36 months? (Table 2-2, Rule I)	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? (Table 2-3, Rule I) a. For cause; or b. On attaining maximum years of service; or c. As a result of qualitative retention board action; or d. As a result of selective retention board action.	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NA <input type="checkbox"/>
9. Are you at least 18 years of age and have not reached your 55th birthday? (Enlisted only) (Table 2-1, Rule B)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>

	ELIGIBLE	INELIGIBLE	WAIVER
10. Reenlistment Eligibility: (Enlisted Only) (Table 2-1, Rule H)	YES	NO	W
a. Are you eligible for reenlistment or extension per AR 140-111, Chapter 2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has a Bar to Reenlistment been initiated or in effect? (Table 2-3, Rule K)	NO	YES	NA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you able to serve at least 5 years on Active Duty status prior to achieving a mandatory date for removal from an active status or completing 18 years of AFS? (Table 2-1, Rule E)	YES	NO	W
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you meet the military educational requirements for your grade per AR 135-18, Table 2-1, Rule D? (Officer Only)	YES	NO	W
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you received a referred officer evaluation report under AR 623-105, paragraph 4-27, within the past 36 months? (Officer Only) (Table 2-2, Rule J)	NO	YES	W
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Were you nonselected for promotion as not fully qualified on the latest consideration by a mandatory promotion board convened by HQDA? (Officer/Warrant Officer) (Table 2-3, Rule H)	NO	YES	NA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Were you promoted by a unit vacancy selection board process less than 1 year prior to the convening date of the board? (Officer only) (AR 140-30, para 3-2c)	NO	YES	NA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are you under a current suspension of favorable personnel actions (flagged) per AR 600-8-2? (Table 2-3, Rule J)	NO	YES	NA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you a COL; CW5; CSM; SGM; PFC; PV2; PV1? (OCAR POLICY)	NO	YES	NA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL QUESTIONS: Answer the following questions that are applicable.**

- Are you a high school graduate or GED recipient? (Enlisted Only)
- Are you receiving disability pay? (If yes, you must terminate disability pay prior to entry.)
- Were you ever in the AGR program?  
If yes, when did you leave the program?
- Are you married to a service member on active duty? If yes, complete the information in 4a.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

4a. The following is information about my Active Duty spouse. I understand there is no guarantee of joint domicile.

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_

SSN: \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_

Enlisted soldiers who have been recommended for entry will be accessioned at the grade boarded. Enlisted soldiers who accept a promotion after submitting their packet must update their packet prior to the board convene date or accept an administrative reduction to their previous grade in order to enter the AGR Program at the grade boarded per AR 140-158, paragraph 7-12b(3)(a).

"I certify that the above information is true and accurate to the best of my knowledge."

**SAMPLE OF REQUEST FOR WAIVER**  
(Completed by applicant, if applicable, on letterhead)

Office Symbol of Preparer

MEMORANDUM FOR Commander, AR-PERSCOM, ATTN: ARPC-PSV-BB  
(AGR Entrance Board), 1 Reserve Way, St. Louis, MO 63132-5200

SUBJECT: Request for Waiver, SSG Doe, John J., 123-45-6789

1. Request that the following qualification be waived for entry into the AGR Program per table 2-2, AR 135-18:

(List the waivable disqualification(s) here.)

2. I understand that I will not be accessed into the AGR Program unless I am selected for entrance and this request for waiver is approved.

JOHN J. DOE  
123-45-6789  
SSG, USAR  
Co B, 444th Maintenance Bn



# STATEMENT OF CONDITIONS OF SERVICE - ACTIVE GUARD RESERVE (AGR)

For use of this form, see AR 140-30, the proponent agency is OCAR

Information required by the Privacy Act of 1974

- AUTHORITY:** 10 USC 672(d) and Executive Order 9397, 22 November 1943.
- PRINCIPLE PURPOSE:** To explain the obligations and conditions that are, or will be, in force for members of the U.S. Army Reserve ordered to active duty with their consent in an Active Guard/Reserve (AGR) status.
- ROUTINE USES:** Confirmation that the individual understands and agrees to the obligations and conditions that will be incurred upon entry, or continued services on, active duty in an AGR status.
- DISCLOSURE:** Disclosure of the individual's SSN is voluntary, however, if the SSN is not provided, the soldier may not be ordered, extended, or retained on active duty in an AGR status.

## I. APPLICATION

- A. All individuals applying for voluntary active duty in an AGR status must read and sign this form.
- B. The form shall only be completed once and shall remain in force during the entire period the individual serves on active duty in the AGR program, to include periods of active duty for training (ADT) performed while in the AGR program. Should the individual incur a break in continuous active duty in the AGR program in excess of 48 hours, the form must again be completed upon reentry on active duty in the AGR program.
- C. A copy of this form will be given to the individual as a personal copy. A copy will be retained in the individual's Career Management Information File (CMIF), Official Military Personnel File (OMPF), and Military Personnel Records Jacket (MPRJ).

## II. ACTIVE GUARD/RESERVE CONDITIONS AND OBLIGATIONS

*(The member must place his or her initials in the appropriate block)*

1. I am applying for voluntary order to active duty in an AGR status for an initial AGR tour. If ordered to active duty, I will be stabilized in my initial assignment for the entire term of my initial tour of duty except as described in paragraph 7 below. Should I voluntarily reenlist or extend for the purpose of being renewed or continued on an AGR status, or accept an additional tour, I will be subject to involuntary reassignment based on the needs of the Service.

1. I am currently serving on active duty in an AGR status. I am being processed for an immediate reenlistment or extension to be continued or retained on active duty in an AGR status or have been offered an additional tour. I have never before signed one of these specific agreements. I understand that I am no longer managed under the Long Tour Management Program and, therefore, accept the withdrawal by Department of the Army of any previous agreements I may have accepted under the Long Tour Management Program. I further understand that I will be subject to involuntary reassignment based on the needs of the Service.

*(The following provisions are applicable to all personnel signing this form)*

2. I further understand that upon voluntary entry upon active duty in AGR status, or if I am already in an AGR status and being renewed or continued *(by reenlistment, extension, or additional AGR tour)*:
- I will be subject to the Uniform Code of Military Justice (UCMJ).
  - I will be managed under the rules and regulations governing the USAR AGR centralized management system to include assignments, promotion, and reduction.
  - I will be considered for continuation or renewal on AGR status under the criteria of AR 135-18 and 140-30.

3. I am aware that my job assignment may require successful completion of a course, or courses, of instruction by military institutions. Residency at such institutions may require periods of time away from my family and may require that I be placed in an active duty for training (ADT) status during such training.

4. I am aware that my voluntary entry on active duty in an AGR status does not guarantee that I will be offered a subsequent AGR tour or that I will attain 20 years of Active Federal Service for retirement purposes.

5. I am aware that I will be subject to all regulations applicable to Active Component personnel, except as specified in AR 135-18, AR 140-30, and other regulations pertaining to the AGR program.

6. I am aware that I will be subject to involuntary relief from active duty under the provisions of AR 135-18, AR 140-30, and AR 635-100 (officers) or AR 635-200 (enlisted).

7. If entering on my initial AGR tour, I understand that I will not be involuntarily reassigned during that initial tour if such reassignment involves the expenditure of funds, except:

- a. In time of war or national emergency declared by the President or by Congress;
- b. If the unit or position to which I am assigned or attached is inactivated or relocated; or
- c. I am relieved from my duty assignment or attachment for cause. I understand that if I enter on a subsequent AGR tour I will be subject to paragraph 8 below.

8. If entering on an AGR tour other than my initial AGR tour, I am aware that I may be involuntarily reassigned to meet the needs of the Army at any time.

9. I understand that I will be automatically considered for successive tours of active duty in the AGR program, and this form is also my consent to be ordered to active duty or extended on active duty for those tours if I am selected. I further understand that I may withdraw my consent to a new tour of active duty in writing but must do so within 10 days of receipt of orders to a new tour of active duty or I will be obligated to serve on active duty for the period of that tour.

### III. STATEMENT ACKNOWLEDGING CONDITIONS AND OBLIGATIONS

I, the undersigned, acknowledge that I have read and understand all of the conditions and obligations of service as specified on this statement. No other conditions or promises were made to me in conjunction with my entry or continuation in the AGR Program.

---

TYPED OR PRINTED NAME

RANK

SIGNATURE

---

SSN

DATE SIGNED

# CIVILIAN EDUCATION AND OCCUPATION ADDITIONAL SKILLS SUMMARY

RANK, NAME & SSN:

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CIVILIAN EDUCATION

DEGREE

FIELD

---

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LICENSES/CERTIFICATIONS HELD

CIVILIAN EMPLOYMENT  
BACKGROUND:

FOREIGN LANGUAGE SKILLS

Language: \_\_\_\_\_ Speak:  Read:  Write:  Knowledge of Culture:

# SAMPLE

## CIVILIAN EDUCATION AND OCCUPATION ADDITIONAL SKILLS SUMMARY

### RANK, NAME & SSN:

MSG John D. Taylor

SSN: 492-55-9988

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<b>CIVILIAN EDUCATION:</b>	<b>DEGREE</b>	<b>FIELD</b>
PARKWAY NORTH HS	HS	
UNIVERSITY OF MISSOURI	BS	Mathematics

**LICENSES/ CERTIFICATIONS HELD:** Certified Public Accountant

### CIVILIAN EMPLOYMENT BACKGROUND:

Mar 95-Present	Account Representative, Jones Building Supply, St. Louis, MO. Responsible for commercial accounts of building supplies and materials including fabricated products.
Feb 92 – Feb 95	Branch Manager, Dial Finance Corp, Chesterfield, MO. Responsible for the operation of branch Office, hiring and firing of personnel, operation budgets, loan approvals, collection of accounts and office administration.
Jan 90 – Jan 92	Manager Trainee, Dial Finance Corp, Chesterfield, MO. <i>Responsible for processing of loans and collection of delinquent accounts.</i>

### FOREIGN LANGUAGE SKILLS:

Language: French Speak: X Read: X Write: X Knowledge of Culture: X

SAMPLE

# COMMANDER'S STATEMENT

RANK AND NAME OF SOLDIER

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**COMPLETION OF LAST ARMY PHYSICAL FITNESS TEST:**

DATE: \_\_\_\_\_ PASS \_\_\_\_\_ FAIL \_\_\_\_\_

(This data should be current within 12 months from the end of the month and year in which the board convenes. This data should be the same data as on the Personnel Qualification Record; DA Form 2A,B,C & 2-1, Enlisted Record Brief or Officer Record Brief)

CURRENT HEIGHT: \_\_\_\_\_ WEIGHT \_\_\_\_\_ DATE of WEIGH-IN \_\_\_\_\_

(This data should be current within 3 months from the date of the application. This data should be the same data as on the Personnel Qualification Record; DA Form 2A,B,C & 2-1, Enlisted Record Brief or Officer Record Brief)

MAXIMUM ALLOWABLE WEIGHT STANDARD IAW AR 600-9 \_\_\_\_\_

IF STANDARD EXCEEDED, DA FORM 5500-R/5501-R MUST BE ATTACHED

YES: \_\_\_\_\_ NO: \_\_\_\_\_

(This form and the data should be current with the Height/Weight requirement above)

I CERTIFY THAT I HAVE PERSONNALLY VERIFIED ALL INFORMATION CONTAINED HEREIN:

\_\_\_\_\_  
SIGNATURE OF RECORDS CUSTODIAN

\_\_\_\_\_  
TYPED NAME, GRADE, DUTY TITLE

\_\_\_\_\_  
DATE