



**STATE OF NEW JERSEY
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
ACTIVE GUARD/RESERVE (AGR)
VACANCY ANNOUNCEMENT**

ARMY AGR VACANCY ANNOUNCEMENT NUMBER: 24-VA-14

POSITION TITLE: Readiness NCO or Assistant Operations NCO

****Based on board results, applicant will be selected for either HHC Readiness NCO or Assistant Operations NCO.****

OPENING DATE: 21 June 2024

CLOSING DATE: 20 July 2024

DUTY STATION: HHC 1-150th Assault Helicopter Battalion, 129 Lawrence Road, Lakehurst, NJ 08733

MOS: 15P

MILITARY GRADE: This announcement is open to personnel in grades E5-E6.

AREA OF CONSIDERATION: Current members of the New Jersey Army National Guard who possess the military grade and MOS listed.

SPECIAL REQUIREMENTS: Soldiers will be scheduled for the Unit Readiness NCO Course or Training Officer/Operations NCO Course at PEC within 12 months of reassignment, unless already completed.

Must possess, or be able to obtain, a US Government Motor Vehicle Operators Permit for the class of vehicle to which assigned.

DUTY DESCRIPTION: Readiness NCO: Serves as the Company Readiness NCO. Advises the Commander on training, logistics, personnel, and readiness requirements and tracks and prepares for all requirements for the units TRADOC ran courses. Directly supervises the Supply NCO for the assigned company. Responsible for the input of Soldier ATRRS requests and ensures that Soldiers have met all course prerequisites prior to start date. Assists with tracking the progress and completion of OES and NCOES for Unit Soldiers. Assists the Commander with the drafting of training schedules which comply with command guidance and directives and publications of higher HQ's, related training equipment and aides. Supervises the development & monitoring of a comprehensive MOS qualification training program. Responsible for managing and certifying Unit Pay and facilitating issues with Soldier pay problems. Position requires knowledge of the Integrated Personnel and Pay System-Army (IPPS-A), My Unit Pay, Department of the Army Mobilization System (DAMPS), the Digital Training Management System (DTMS), Army Training Requirements and Resources System (ATTRS), and the Global Combat Support System - Army (GCSS-A). Must have a basic understanding of computer operations, computer system organization, and Microsoft Office programs. Responsible for submitting and tracking numerous training support requests for Inactive Duty Training (IDT) and Annual Training (AT) missions. Must be willing to attend all required schools, courses, and events that support unit activities and perform other duties as assigned.

Assistant Operations NCO: Assist in carrying out the plans and programs established by the chain of command for the accomplishment of the Battalion training objectives and missions. Reviews and verifies Army Training Requirements and Resources (ATTRS) school applications, requests for orders, and Defense Travel System (DTS) Authorizations/Vouchers and for completeness and accuracy. Will assist in reviewing



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company inputs in DAMPS ORDERS, DAMPS OCTS, DAMPS OCOIND and MARRS-N. Coordinates closely with the Battalion Training Officer in developing, implementing, monitoring the unit's individual training programs, training schedules, and training assessments in Digital Training Management System (DTMS). Is responsible for the development and training of the Battalion Flight Operations Section and also serves as the Flight Operations functional area representative for the Aviation Resource Management Survey (ARMS). Receives technical guidance from the Battalion Operations Sergeant. Must attend all unit training assemblies and perform other duties as assigned or required.

****BE ADVISED THAT ACCEPTANCE OF THIS AGR TOUR MAY RESULT IN FUTURE AND/OR UNEXPECTED OUT OF STATE PCS TOURS THAT CAN BE UP TO ONE YEAR OR LONGER****

EQUAL OPPORTUNITY: Equal evaluation, consideration and treatment based upon merit, fitness and capability irrespective of race, color, religion, gender, sexual orientation or national origin.

REQUIRED SECURITY CLEARANCE: Applicants must have or be eligible to receive a SECRET Clearance. Failure to acquire a clearance is grounds for termination from the AGR Program.

GENERAL ELIGIBILITY REQUIREMENTS:

1. Applicant must meet the entry requirements of AR 135-18.
2. Applicant must meet the medical qualifications of AR 40-51.
3. Applicant must have a current Physical Health Assessment (PHA) current within 12 months on file.
4. Applicants transferring between States or entering AGR from Active Duty status without a break in service must have a current PHA.
5. Applicant must be certified drug free.
6. Applicant must have been tested for HIV within the past 24 months.
7. Applicant must meet physical standards of AR 600-9.
8. Applicant must have a passing record ACFT current within 6 months of the announcement closing date. Exceptions may be granted by the Chief, Enlisted Policy Division, Directorate of Military Personnel Management (DAPE-MPE).
9. Applicant must not be under suspension of favorable personnel actions.
10. Applicants in grade E5 with more than 13 years of Active Service are not eligible.
11. Applicants must be at least 18 years of age and not more than 55 years old.
12. Applicant must not be entitled to receive Federal Military Retired Pay.
13. Applicant must be able to serve at least 3 years on an Active Duty Initial Tour.
14. Applicants who have been involuntarily separated from the AGR program are not eligible to re-enter the program within 36 months of release from active duty, unless an approved waiver has been issued by National Guard Bureau.



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HOW TO APPLY: Follow the steps below. Applicants are strongly encouraged to submit packet as soon as possible to ensure time for quality review at the HRO level. Any errors or discrepancies will be identified and relayed to the applicant in order to resolve discrepancies prior to closing date.

1. Ensure that you meet the General Eligibility Requirements prior to packet submission.
2. NGB Form 34-1 Application for AGR Position: **See page 5 of this announcement.**
3. Complete the AGR Vacancy Announcement Application Packet Checklist. (Pg. 4)
4. The J1-AGR Branch will not accept mailed or hand carried packets. Submit your application packet by email. In the subject line please type: J1-HRO, the Vacancy Announcement number, and your last name (J1-HRO/24-VA-14/Doe). **WE WILL NOT ACCEPT PACKETS THAT ARE ADOBE PORTFOLIOS. THE PDF MUST BE PRINTED AND SCANNED INTO ONE SINGLE DOCUMENT** and forwarded to the following email: ng.nj.njarnng.list.jfhq-j1-army-agr@army.mil
5. Your application packet must be received prior to midnight EST on the closing date: **20 July 2024**

POINT OF CONTACT: J1-AGR Branch at ng.nj.njarnng.list.jfhq-j1-army-agr@army.mil. Please put J1-HRO, the Vacancy Announcement number, and your last name (J1-HRO/24-VA-14/Doe) in subject line of email.



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AGR VACANCY CHECKLIST

I, _____, confirm that the following items have been provided in my AGR Vacancy Opportunity Application Packet.

_____ 1. NGB Form 34-1, Application for AGR Position. On a separate sheet fully explaining any "Yes" answers to any questions in Section IV. Make sure that you enter the Vacancy Announcement number and job title on your NGB Form 34-1. Sign and date your NGB Form 34-1. Ensure that all entries are legible and completed fully.

_____ 2. Selection Board Enlisted Record Brief (ERB) certified **within the past 30 days.** (No DA Photo)

_____ 3. Current NGB Form 23A (Retirement Points History Statement).

_____ 4. Individual Medical Readiness Form (**Physical Health Assessment date must be within 12 months of the announcement closing date**). To access MEDPROS go to <https://medpros.mods.army.mil/MEDPROSNew/secure/medical/imr2.aspx>. Click on "Your Individual MEDPROS Record. Under "Forms" click on IMR Record.

_____ 5. Screenshot of Digital Training Management System (DTMS) of the current record ACFT and HT/WT (**must be within 6 months of the announcement closing date**). Individual Training Report (ITR) will not be accepted. Provide memorandum for discrepancy. Provide a copy of your DA Form 5500/5501 if applicable.

_____ 6. Last 3 Evaluations (NCOER/OER). **Personnel E5 and above who do not have 3 evaluations, MUST submit a memorandum explaining the circumstances.** Personnel without 3 Evaluations must submit letters of recommendation from his/her military leadership dated within 3 months of the Vacancy Announcement.

_____ 7. All DD Forms 214, substantiating every period of Active-Duty service. This includes Basic Combat Training (BCT) and Advanced Individual Training (AIT).

_____ 8. Provide a Security Clearance Verification Memorandum from your unit or Battalion DISS Manager (NACLC, Secret, etc.) **current within 30 days of the announcement closing date.**

_____ 9. Photocopy of your current, valid civilian motor vehicle driver's license. All data must be readable. Individuals with suspended driving privileges are not eligible to apply.

_____ 10. All documents supporting your qualifications. This includes resume, civilian job evaluations and school transcripts.

_____ 11. Contact Info. On a separate sheet of paper, provide your civilian and military email addresses and the best contact telephone number. This information will be used to contact you for an interview. Your email address will also be used to transmit your selection/non-selection letter.

_____ 12. Fulltime T32-Dual Status technicians must provide a memorandum with supervisor's contact information (name, department, phone number, email).

Applicant Signature: _____

APPLICATIONS DETERMINED TO BE INCOMPLETE, INCORRECT, OR INSUFFICIENT UPON INITIAL REVIEW WILL BE RETURNED FOR CORRECTION SO LONG AS THE APPLICATION WAS SUBMITTED PRIOR TO DEADLINE. APPLICATIONS SUBMITTED AFTER DEADLINE WILL BE RETURNED WITHOUT ACTION OR CONSIDERATION.

POINT OF CONTACT: J1-AGR Branch at ng.nj.njarnng.list.jfhq-j1-army-agr@army.mil

APPLICATION FOR ACTIVE GUARD/RESERVE (AGR) POSITION

The proponent agency is ARNG-HRH. The prescribing directive is NGR (AR) 600-5 / ANGI 36-101

PRIVACY ACT STATEMENT**AUTHORITY:** Title 32 USC 502(f), AR 135-18, NGR (AR) 600-5, ANGI 36-101.**PRINCIPAL PURPOSE:** To provide information for use in determining eligibility/qualifications for Active Guard/Reserve (AGR) positions. A copy will be provided to the applicant. The original will be maintained by the human resources office for State records. For organizational use only.**ROUTINE USES:** None.**DISCLOSURE:** Voluntary, however if not provided you will not be considered for the AGR program.

| | | | |
|--|----------------|--------------|----------------------------|
| POSITION ANNOUNCEMENT # | POSITION TITLE | | |
| NAME (Last, First, Middle) | | | DATE OF BIRTH (yyyymmdd) |
| CURRENT HOME ADDRESS (Street, City, State, Zip Code) | | | HOME PHONE OFFICE PHONE |
| DATE OF ENLISTMENT (Enlisted) | GRADE | MOS/SSI/AFSC | ETS DATE |
| DATE OF FEDERAL RECOGNITION (Officer/WO) | GRADE | BRANCH | MRD DATE |
| SECURITY CLEARANCE | | | |

SECTION I - EDUCATION AND SPECIAL QUALIFICATIONS

1. COLLEGE OR UNIVERSITY (Accredited Colleges only, attach separate sheet(s) if necessary.)

| Name, City & State | Date From | Date To | Degree Program | Credit Hours | Quarter/Semester |
|-----------------------------|-----------|---------|----------------|--------------|------------------|
| | | | | | |
| | | | | | |
| Chief Undergraduate Subject | | | | | |
| Chief Graduate Subject | | | | | |

2. OTHER SCHOOLS OR TRAINING (Vocational, Trade or Business)

| Name, City & State | Date From | Date To | Course Title | Hours Completed |
|--------------------|-----------|---------|--------------|-----------------|
| | | | | |
| | | | | |

3. SKILLS AND QUALIFICATIONS (Examples - Special skills and qualifications, word processing speed (WPM), certifications on wheel and track vehicles, etc. Also list any licenses or certificates held (RN, Pilot, CPA), etc.)

SECTION II - EMPLOYMENT HISTORYMay we contact your present employer regarding your character, qualification, and record of employment?
(A "NO" answer will not affect your consideration for employment.)CHECK ONE: YES NO

| | | | |
|---|-------------------------------------|------------------------------------|-----------------------|
| 1. NAME AND ADDRESS OF CURRENT EMPLOYER | DATES EMPLOYED | | AVERAGE HRS. PER WEEK |
| | FROM | TO | |
| TITLE OF POSITION | IMMEDIATE SUPERVISOR & PHONE NUMBER | NUMBER OF EMPLOYEES YOU SUPERVISED | |
| TYPE OF BUSINESS | YOUR REASON FOR LEAVING | | |
| DESCRIPTION OF WORK (Describe your specific responsibilities and accomplishments) | | | |

SECTION II - EMPLOYMENT HISTORY (Continued)

OTHER EMPLOYMENT

May we contact this employer regarding your character, qualification, and record of employment?
(A "NO" answer will not affect your consideration for employment.)

CHECK ONE: YES NO

| | | |
|---------------------------------------|----------------|-----------------------|
| 2. NAME AND ADDRESS OF PRIOR EMPLOYER | DATES EMPLOYED | AVERAGE HRS. PER WEEK |
| | FROM | TO |

| | | |
|-------------------|-------------------------------------|------------------------------------|
| TITLE OF POSITION | IMMEDIATE SUPERVISOR & PHONE NUMBER | NUMBER OF EMPLOYEES YOU SUPERVISED |
|-------------------|-------------------------------------|------------------------------------|

| | |
|------------------|-------------------------|
| TYPE OF BUSINESS | YOUR REASON FOR LEAVING |
|------------------|-------------------------|

DESCRIPTION OF WORK *(Describe your specific responsibilities and accomplishments)*

SECTION III - MILITARY HISTORY

1. MILITARY SERVICE *(Start with most recent service and show changes in grade and duty in reverse chronological order.)*

| FROM | TO | AC | ARNG/ANG | RC | GRADE | ORGANIZATION | DUTY |
|------|----|----|----------|----|-------|--------------|------|
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2. MILITARY TRAINING

FORMAL MILITARY SCHOOLING COMPLETED

| COURSE TITLE AND NUMBER | DURATION OF COURSE | | CORRESPONDENCE COURSES | | |
|-------------------------|--------------------|------|------------------------|--------------|--|
| | WEEKS | DAYS | COURSE/SUBCOURSE TITLE | COURSE HOURS | |
| | | | | | |
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3. MILITARY QUALIFICATIONS *(List any primary MOS/SSI which has been awarded on orders.)*

| MOS/SSI/AFSC | DATE AWARDED | INDICATE HOW QUALIFICATIONS WERE OBTAINED <i>(Service School, On the Job Training, Civilian Experience, etc.)</i> |
|--------------|--------------|---|
| | | |
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| | | |

4. INDICATE ANY ON THE JOB TRAINING WHICH IS QUALIFYING FOR AN MOS/SSI WHICH HAS NOT YET BEEN AWARDED ON ORDERS

| DUTY MOS/SSI/AFSC | EXACT TITLE OF POSITION | FROM | TO |
|-------------------|-------------------------|------|----|
| | | | |
| | | | |
| | | | |
| | | | |

SECTION IV - PERSONAL BACKGROUND QUESTIONNAIRE

| YES | | NO | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | | | | <i>(All Applicants Must Complete) Utilize the Continuation/Remarks section to fully explain any "YES" answers (except 9 & 17). Attach a separate sheet of paper if more space is necessary.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Within the last five years, have you been fired for any reason? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Within the last five years, have you quit a job after being notified that you would be fired? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever been convicted, forfeited collateral, or now under charges for any felony or firearms or explosives offense against the law? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. During the past seven years, have you been convicted, imprisoned, on probation or parole, or forfeited collateral or are you now under charges for any offense against the law not included in Question 3? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. While in the military, have you ever been convicted by a General Court Martial? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Does the United States Government employ, in a civilian capacity or as a member of the Armed Forces, any relative of yours by blood or marriage? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you receive or are you entitled to receive federal, military retired or retainer pay, service annuities, or other compensation based upon military, federal, civilian service, or eligible for immediate federal civil service? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been removed from military service due to unsuitability? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Will you be able to complete a minimum of 5 years of continuous AGR Service prior to completing 18 years of Active Federal Service or your Mandatory Removal Date (MRD)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you a candidate for an elected office, holding a civil office (full or part-time) or engaged in partisan political activities as defined in AR 600-20/ANGI 36-101/DoD Directive 1344.10, Political Activities by Members of the Armed Forces on Active Duty? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you been involuntarily removed from unit (Selected Reserve) service based on maximum years of service, qualitative retention or selective retention board action? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you been involuntarily removed from unit (Selected Reserve) service for cause or been relieved for cause from any duty assignment, including, but not limited to, relief from command in the past year? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you currently possess or is a report of suspension of favorable actions pending? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Have you voluntarily separated from the AGR Program in any State for one or more days within the past year? (ARNG Applicants Only) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Have you been voluntarily separated from the AGR Program or voluntarily separated in lieu of adverse action? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. (OFFICERS AND WARRANT OFFICERS ONLY.) Have you been non-selected for promotion as not best qualified for promotion board convened by State Headquarters or Department of the Army Headquarters within the past 12 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Have you met the minimum physical fitness requirements for each component as specified by AR 600-9 (Army) or AFI 36-2905 (Air Force)? |

SECTION V - CONTINUATION/REMARKS

Use the Continuation/Remarks section to fully explain any "YES" answers (except 9 & 17). Attach separate sheet(s) of paper if more space is necessary.

SECTION VI - CERTIFICATIONS AND AUTHORITY FOR RELEASE INFORMATION

I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation. I consent to the release of information concerning my capacity and fitness by employer, educational institution, law enforcement agencies, and other individuals and agencies to personnel specialists for purpose of employment. I also understand that a false answer to any question in this application may be grounds for not being employed, or for being released after I begin work.

| | | |
|--|-----------|------|
| I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith. | SIGNATURE | DATE |
|--|-----------|------|