# OFFICER'S DATA SHEET
(NJARNGR 600-103)

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Present Grade</th>
<th>BRANCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOME ADDRESS:</td>
<td>BUSINESS ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>HOME TELEPHONE (Include Area Code)</td>
<td>BUSINESS TELEPHONE (Include Area Code)</td>
<td></td>
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</tbody>
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**ACTUAL PLACE OF EMPLOYMENT AND TELEPHONE WHERE CAN BE REACHED DURING BUSINESS HOURS**

**MILITARY EDUCATION:**

- Completed:
  - Basic [ ] □ Career/Advance [ ] □ C&CSC [ ] □ Other [ ]
  - BR [ ] □ BR [ ] Identify [ ]

- Enrolled:
  - Basic [ ] □ Career/Advance [ ] □ C&GSC [ ] □ Other [ ]
  - BR [ ] □ BR [ ] Identify [ ]

**CIVILIAN EDUCATION:**

- High School [ ] □ College [ ]
  - Major [ ]

- ASSOCIATE [ ] □ BA/BS [ ] □ MASTERS [ ] □ DOCTORATE [ ]

**CIVILIAN EXPERIENCE:** Full Time Basis (Indicate Supervisory Experience Only)

<table>
<thead>
<tr>
<th>Number of Personnel Supervised</th>
<th>Duration in Months</th>
<th>Percentage of Personnel Supervised</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td>Non-Skilled</td>
</tr>
<tr>
<td>1 to 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 to 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 to 100</td>
<td></td>
<td></td>
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<tr>
<td>More than 100</td>
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**UNIT DESIGNATION:**

**DATE OF PREPARATION:**

NJDMAVA Form No. 10
1 Oct 90

Previous editions are obsolete and will not be used.
PRIVACY ACT of 1974, 5 USC 552a (Public Law 94-579) applies.
1. This questionnaire was prepared under authority of NGR 600-100 and NGB Pam 600-3.
2. Information provided by you will be available only on a need to know basis for purposes of evaluating your civilian and military background, the evaluation will be accomplished solely for purposes of determining qualifications for ARNG assignments and prescribing military education requirements necessary for becoming qualified.
3. The manager of the State Officer Personnel Management System (OPMS) will frequently review personal data you provide on the inclosed form as an aid to determining your assignment preferences and goals.
4. If you do not complete the inclosed questionnaire, (a) your military assignments are not likely to meet your preferences and best capabilities, (b) the State OPMS manager will not be able to plan an orderly career pattern for you, and (c) any requirements for military education (under Technical waivers and educational stipulations) will not fully reflect your military and civilian experience.

1. Refer to AR 611-101, C 7 (12 May 76) and review listed specialties to determine the specialty in which you feel most qualified; review first pages 2-1 thru 2-5, then review criteria for specialties on pages 4-1 thru 4-76. Consider all of your experience, (civilian and military), education and on the job experience.

THE SPECIALTY FOR WHICH I FEEL MOST QUALIFIED IS: ______________________________________
Remarks: ________________________________________________

2. Now, repeat the above process and select the specialty in which you feel second most qualified: ______
Remarks: ________________________________________________

3. Study App E, NJARNGR 600-103 State Inventory of Officer Specialties * (SIOS) by grade, consider geographic constraints, if any, and select a primary specialty which you would like to have designated for long-term development. Please understand that the most of your future military assignments and education will be in your primary specialty.

4. The primary specialty for which I would like to have designated for my long term development is: _____
Remarks: ________________________________________________

5. My civilian employment has been technical, administrative supervisory, or other (_______)
(Rate in successive order: 1 most, 4 least).

6. Considering my personal qualifications, the SIOS, Geographic constraints, my experience/education (civilian and military), AND personal factors, the primary specialty I would like to have designated is: __
Remarks: ________________________________________________

7. I belong to the following professional, social and/or fraternal organizations:

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>POSITION</th>
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8. I have language proficiency in __________________, __________________, and __________________.

* The State Inventory of officer specialties has been constructed by the State OPMS Manager from VTAADS documents.