

**NOTICE OF SPECIAL REQUIREMENTS FOR  
COUNTERDRUG TASK FORCE DUTY**

1. All applicants seeking to conduct Full Time National Guard Duty (FTNGD-CD) tours with the Virgin Islands Army National Guard Counterdrug Task Force (CDTF), will be required to successfully complete and adhere to the following conditions of employment:

a. Drug testing (urinalysis) prior to entry on active duty, and periodic testing while on active duty. This testing is in addition to testing required by the service member's M-Day unit affiliation.

b. Funding is from year to year, order can be amended at any time due to funding shortfalls or substandard performance.

c. Requirements to continue attendance at IDT/IAD and AT, while on Counterdrug ADSW orders but you will not receive a monthly drill check.

d. Probability of criminal records check and security screenings, (to include polygraphs and interviews) by law enforcement agencies (LEA's). Rejection by LEA's could result in the applicant's removal from consideration for employment with the Counterdrug Program.

e. Counterdrug applicants are required to uphold the highest standards of conduct and personal appearance. Outside employment, associations and off duty conduct/activities must be consistent with federal directives on ethics and with state and federal conflict of interest policies.

f. All Driving While Under the Influence of liquor or drugs (DUI) arrests/convictions within the prior two years of application to the CDTF will be reported as such to the CDTF, as will any DWI's incurred as a current CDTF member.

2. Sign the attached "Rank Limitation" form, thereby acknowledging your understanding of rank ceilings with the Task Force and their possible implications.

3. Given the tenuous nature of federal funding for the Counterdrug program, prospective applicants are highly encouraged to take a "military leave of absence" from their civilian employer (if applicable), rather than terminate employment. For further information on re-employment rights for veterans under the *UNIFORMED SERVICES EMPLOYMENT AND RE-EMPLOYMENT RIGHTS ACT (USERRA)*, contact the Program Support Specialist 340-226-4678 or visit <https://www.dol.gov/vets/programs/userra>.

4. Any misrepresentation, falsification, or intentional omission of information provided on the CDTF application will result in termination of the background process or dismissal of the applicant from the CDTF.

5. All requirements must be met for applicant to be considered for Counterdrug Duty. Not all applicants will receive an interview.

6. Questions concerning the application process for the Counterdrug Task Force can be directed to the Counterdrug Task Force Office at 1-340-712-7744 or 1-340-712-7799 or you may contact the AGR Office at 340-712-7733/7753.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# COUNTERDRUG TASK FORCE EMPLOYMENT APPLICATION

## PRIVACY ACT STATEMENT

Authority:	Title 10 USC Sections 504, 505, 508, 510, and 520a, Title 14 USC Sections 351 and 632, Title 50 USC Appendix 451 and following section, and EO 9397, November 1943 (SSN).
Principal Purposes(s):	Application for Full Time National Guard is the basic form used by Counterdrug Task Force for obtaining data used in determining eligibility of applicants and for establishing records for those applicants who are accepted.
Routine Uses(s):	None
Disclosure:	Voluntary; however, failure to answer all items on this form except questions labeled as "Optional," may result in denial of your application for Full Time National Guard Counterdrug.

**1. POSITION APPLYING FOR:**

<b>2. NAME: (Last, First MI)</b>	<b>3. RANK:</b>
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<b>4. SOCIAL SECURITY NUMBER:</b>	<b>5. GENDER:</b> <input type="checkbox"/> M <input type="checkbox"/> F
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<b>6. BIRTHDATE:</b>	<b>7. BIRTHPLACE:</b>
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<b>8. MARITAL STATUS:</b>	<b>NO. OF DEPENDENTS:</b>
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**9. PRESENT RESIDENCE ADDRESS: (street, city, state, zip code)**

<b>10. HOME PHONE:</b>	<b>11. WORK PHONE:</b>
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**12. CURRENT MILITARY ASSIGNMENT ADDRESS:**

**13. CURRENT SECURITY CLEARANCE:**

<b>14. CURRENT HEIGHT:</b>	<b>WEIGHT:</b>
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**15. ARE YOU A U.S. CITIZEN:**  YES  NO

<p><b>16. a. ANY PHYSICAL DISABILITIES:</b></p> <p><b>b. ANY PROFILES, TEMPORARY OR PERMANENT:</b></p> <p><b>c. IF FEMALE, ARE YOU PREGNANT:</b></p> <p><b>d. ARE YOU CURRENTLY UNDER A DOCTOR'S CARE:</b></p> <p><b>e. ARE YOU ON ANY MEDICATIONS:</b></p> <p><b>f. HAVE YOU PASSED AN APFT IN THE PAST 12 MONTHS:</b></p> <p><b>IF YOU ANSWERED YES TO (a-e) OR NO TO (f), PLEASE GIVE DETAILS:</b></p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO										
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<input type="checkbox"/> YES	<input type="checkbox"/> NO												
<input type="checkbox"/> YES	<input type="checkbox"/> NO												

**17. WHEN CAN YOU START WORK:**

**18. EDUCATION:**

**A. HIGH SCHOOL ATTENDED:**

NAME	LOCATION	DATES ATTENDED

**B. HIGHER EDUCATION:**

NAME	LOCATION	DATES ATTENDED	DEGREE

**CONCENTRATION OF STUDY:**

19. ARE YOU WILLING TO WORK: A. 40 HOURS PER WEEK (FULL-TIME): B. ON-CALL: C. WEEKEND, SHIFTS, ROTATING SHIFTS:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
20. ARE YOU WILLING TO TAKE A TEMPORARY ASSIGNMENT: A. LESS THAN 1 MONTH: B. 1-4 MONTHS: C. 5-12 MONTHS:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
21. ARE YOU WILLING TO TRAVEL: A. 1 TO 5 NIGHTS EACH MONTH: B. 6 TO 10 NIGHTS EACH MONTH: C. 11 OR MORE NIGHTS EACH MONTH:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

22. INDICATE ANY FOREIGN LANGUAGE SKILLS:

LANGUAGE	# YRS STUDIED	READ	WRITE	SPEAK
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

23. VEHICLE OPERATORS LICENSE:

**STATE LICENSE:**

TYPE	PLACE OF ISSUE	EXPIRATION DATE	RESTRICTIONS	LICENSE NUMBER

**MILITARY LICENSE:**

TYPE	PLACE OF ISSUE	EXPIRATION DATE	RESTRICTIONS	LICENSE NUMBER

25. HAVE YOU EVER BEEN DENIED ISSUANCE OF A LICENSE OR HAVE YOU EVER HAD A LICENSE SUSPENDED OR REVOKED:

YES     NO

IF YES, PLEASE GIVE DETAILS:

26. DO YOU OWN AN AUTOMOBILE:  YES     NO

MAKE	MODEL	YEAR	VEHICLE LICENSE NUMBER

27. HAVE YOU EVER HAD AUTOMOBILE INSURANCE WITHDRAWN, REVOKED, OR BEEN REFUSED AUTOMOBILE INSURANCE:  YES     NO

IF YES, GIVE DETAILS (INCLUDING REASONS, NAME OF COMPANY, DATES, ETC.)

28. PRESENT INSURANCE COMPANY:

NAME	ADDRESS	TELEPHONE #	POLICY #

29. EMPLOYMENT HISTORY: BEGIN WITH YOUR MOST RECENT POSITION AND LIST YOUR EMPLOYMENT HISTORY FOR THE PAST SEVEN YEARS, INCLUDING PART-TIME, TEMPORARY, OR SEASONAL EMPLOYMENT, AND ALL PERIODS OF UNEMPLOYMENT.

<b>NAME &amp; ADDRESS OF EMPLOYER:</b>		FROM:
TITLE:	TELEPHONE #	TO:
SPECIFIC DUTIES:		
<b>NAME &amp; ADDRESS OF EMPLOYER:</b>		FROM:
TITLE:	TELEPHONE #	TO:
SPECIFIC DUTIES:		
<b>NAME &amp; ADDRESS OF EMPLOYER:</b>		FROM:
TITLE:	TELEPHONE #	TO:
SPECIFIC DUTIES:		

30. MEDICAL:

A. HAVE YOU EVER BEEN INVOLUNTARILY COMMITTED FOR PSYCHIATRIC EVALUATION:  
 YES  NO IF YES, DATE AND LOCATION:

B. DO YOU USE, OR HAVE YOU EVER USED, ANY HABIT FORMING DRUGS:  
 YES  NO IF YES, PLEASE GIVE DETAILS:

C. HAVE YOU EVER TESTED POSITIVE FOR DRUGS IN A URINALYSIS:  
 YES  NO IF YES, WAS THAT OVER 5 YEARS AGO?  YES  NO

31. REFERENCES: CHARACTER REFERENCES. (DO NOT INCLUDE RELATIVES, OR PERSONS LIVING OUTSIDE THE UNITED STATES OR ITS TERRITORIES.) LIST FIVE CHARACTER REFERENCES.

A. CHARACTER REFERENCES:

NAME	YEARS KNOWN	ADDRESS	TELEPHONE include (AREA CODE)

32. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR ANY COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATION OR APPROVING THE COMMISSION OF ACTS OF FORCE VIOLENCE TO DENY OTHER PERSONS THEIR CONSTITUTIONAL RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?

YES  NO. IF YES, PLEASE EXPLAIN.

33. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE, AS AN AGENT, OFFICIAL, OR EMPLOYEE?

YES  NO. IF YES, DESCRIBE THE CIRCUMSTANCES:

34. HAVE YOU EVER BEEN GIVEN A PRE-EMPLOYMENT POLYGRAPH EXAMINATION?

YES  NO. IF YES, LIST DATE, AGENCY AND RESULTS:

35. DURING THE LAST SEVEN YEARS WERE YOU FIRED FROM ANY JOB FOR ANY REASON, DID YOU QUIT AFTER BEING TOLD THAT YOU WOULD BE FIRED, OR DID YOU LEAVE BY MUTUAL AGREEMENT BECAUSE OF SPECIFIED PROBLEMS?

YES  NO. IF YES, PLEASE GIVE CIRCUMSTANCES:

36. ARE YOU DELINQUENT ON ANY FEDERAL DEBT OR UNDER BANKRUPTCY PROCEEDINGS?

YES  NO. IF YES, PLEASE LIST AND EXPLAIN ACTION:

37. REMARKS:

**38. ADDITIONAL INFORMATION REQUIRED:**

- A. ALL PERSONNEL- PHOTO COPY OF VIRGIN ISLANDS DRIVERS LICENSE
- B. ALL PERSONNEL- DD 214
- C. ALL PERSONNEL- COMMANDERS RECOMMENDATION (ATTACHED)
- D. ALL PERSONNEL-AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION (ATTACHED)
- E. ALL PERSONNEL- CRIMINAL HISTORY VERIFICATION OF APPLICANTS (ATTACHED)
- F. ALL PERSONNEL- RANK LIMITATION FORM (ATTACHED)
  
- G. ARMY PERSONNEL- PHOTO COPY OF 2-1/ PERSONNEL QUALIFICATION RECORD (PQR)
- H. ARMY PERSONNEL- RETIREMENT POINTS HISTORY STATEMENT
- I. ARMY PERSONNEL- PHOTO COPY OF DA FORM 705
  
- J. AIR PERSONNEL- PHOTO COPY OF AFPFT CARD
- K. AIR PERSONNEL- PHOTO COPY OF RECORDS REVIEW (RIP)
- L. AIR PERSONNEL- POINTS SUMMARY CREDIT STATEMENT (526)

**UNDERSTANDING OF APPLICATION PROCEDURE**

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN FOREGOING STATEMENTS AND ANSWERS, AND THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.

I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION MAY BE CAUSE FOR REJECTION.

I UNDERSTAND THAT ANY INFORMATION I GIVE MAY BE INVESTIGATED AS ALLOWED BY LAW OR PRESIDENTIAL ORDER.

I CONSENT TO RELEASE OF INFORMATION ABOUT MY ABILITY FOR EMPLOYMENT IN THIS AGENCY.

I UNDERSTAND THAT MY APPLICATION WILL **NOT** BE PROCESSED WITH THE VIRGIN ISLANDS COUNTERDRUG TASK FORCE UNLESS ALL REQUIRED MATERIALS HAVE BEEN COMPLETELY FILLED OUT AND INCLUDED WITH THE APPLICATION.

I UNDERSTAND THAT I MUST MEET AND MAINTAIN ALL MINIMUM QUALIFICATION STANDARDS, INCLUDING PHYSICAL REQUIRMENTS AND PERSONAL CONDUCT, FROM THE TIME MY APPLICATION IS SUBMITTED THROUGH THE END OF THE SELECTION PROCESS.

**SIGNATURE OF APPLICANT**

**DATE**

HEADQUARTERS, VIRGIN ISLANDS NATIONAL GUARD  
RR1 9201 KINGSHILL VI 00850-9731  
KINGSHILL, VIRGIN ISLANDS 00850-9731

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Office Symbol

MEMORANDUM FOR COUNTERDRUG TASK FORCE

SUBJECT: Rank Limitation

1. I, \_\_\_\_\_, acknowledge the rank limitation of the position for which I am applying.
2. Due to the increasing personnel costs in an era of flat or shrinking Counterdrug budgets, I do hereby acknowledge that the above mentioned position has a maximum “rank ceiling” of E-6.
3. In the event I accept a military promotion to a grade which exceeds this rank limitation, I may either seek another position within the CDTF that has a higher grade, or voluntarily defer my promotion to a later date.
4. In the event the above listed alternatives cannot be met, I voluntarily relinquish my position within the CDTF.

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SIGNATURE OF SOLDIER/AIRMAN

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TYPED NAME, RANK OF APPLICANT

# CRIMINAL HISTORY VERIFICATION OF APPLICANTS

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

OTHER NAMES USED: \_\_\_\_\_  
(NICKNAMES/MAIDEN)

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ BIRTH STATE/COUNTRY: \_\_\_\_\_  
(dd/mm/yyyy)

DRIVER'S LICENSE #: \_\_\_\_\_ DRIVER'S LICENSE STATE: \_\_\_\_\_

ADDRESS ON DRIVER'S LICENSE: \_\_\_\_\_  
(IF DIFFERENT THAN ABOVE)

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

Do you have any concerns about your current employer being contacted during the course of the background investigation?  
Yes \_\_\_\_\_ No \_\_\_\_\_

1. Have you EVER been arrested, cited, or convicted of any crime? (Include any felonies, misdemeanors, or criminal traffic offenses such as: Driving While Intoxicated, non-valid operator's license, driving while license suspended, reckless driving, negligent driving, and hit and run). Include any UCMJ actions (Article 15).

Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please give details, include when, where, and why)

2. Have you ever been required to appear before a juvenile court for any reason?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please give details, include when, where, and why)

3. Have you ever used, possessed, or experimented with any illicit drug, not prescribed by a licensed physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please give details, include when, where, and why)

"I certify under penalty of perjury, that the foregoing facts and information contained herein are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered".

I hereby grant the Virgin Islands National Guard authorization to check civil and criminal records to verify any statement made on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Background Completed on: \_\_\_\_\_ By: \_\_\_\_\_

Approved by: \_\_\_\_\_

# Virgin Islands Counterdrug Task Force

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Virgin Islands, Human Resources Office, whether the said records are of a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Virgin Islands Counterdrug Task Force. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Virgin Islands Counterdrug Task Force from any and all liability which may be incurred as a result of collecting such information.

**I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.**

A photocopy and/or fax of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

*I have read and fully understand the contents of the "Authorization for Release of Personal Information".*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)