STATE OF NEW JERSEY
DEPARTMENT OF MILITARY AFFAIRS
ACTIVE GUARD/RESERVE (AGR)
REASSIGNMENT ANNOUNCEMENT

ARMY AGR REASSIGNMENT OPPORTUNITY NUMBER: 26-RO-19

POSITION TITLE: Supply Sergeant

OPENING DATE: 28 July 2026 **CLOSING DATE:** 10 August 2026

DUTY STATION: HHC 42d Regional Support Group, 1060 Hamilton Street, NJ 08873

MOS: 92Y

MILITARY GRADE: This announcement is open to personnel in the grade of E6.

AREA OF CONSIDERATION: Current New Jersey Army National Guard AGR Soldiers who possess the military grade and duty MOS listed.

SPECIAL REQUIREMENTS: Will be scheduled for the Unit Supply NCO Course at PEC within 12 months of reassignment, unless already completed.

DUTY DESCRIPTION: Supervise and/or perform tasks associated with general upkeep and maintenance of Army supplies and equipment. Advise, counsel, and assist commander and staff regarding supply matters. Understand, interpret, and implement Service, Major Command, National Guard and state regulations, policies and precedents covering the full range of supply actions. Tasks include: receive, inspect, inventory, load, unload, segregate, store, issue, deliver and turn in organization supplies and equipment. Prepare all unit/organizational supply documents. Maintain automated supply system for accounting of organizational supplies. Issue/receive small arms. Secure/control weapons and ammunition in security areas. Schedule/perform preventive and organizational maintenance on weapons. Attends all unit training assemblies and performs other duties as assigned. Proficiency in these platforms is essential for mission readiness and daily operations.

Required Logistics Systems:
(1) Army Food Management Information System (AFMIS)
(2) Industries of the Blind (IOB)
(3) Global Combat Support System-Army (GCSS-A)
(4) SEAM (Soldier Equipping Asset Management)
(5) Electronic Financial Liability Investigation of Property Loss (eFLIPL)
(6) Army Enterprise System Integration Program (AESIP)
(7) Decision Support Tool (DST)

*****IF SELECTED FOR THIS REASSIGNMENT OPPORTUNITY, YOU WILL INCUR A TWO YEAR STABLIZATION OBLIGATION TO THIS POSITION AND ARE PRECLUDED FROM BIDDING ON OTHER ANNOUNCEMENTS DURING THAT TIME.*****

*****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.*****

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

REQUIRED SECURITY CLEARANCE: Secret

GENERAL ELIGIBILITY REQUIREMENTS:

1. Applicant must meet the grade and MOS requirements of the RO.

2. Applicant must have a current Physical Health Assessment (PHA) within 12 months of the closing date on file.

3. Applicant must have a passing record AFT, current within 6 months of the closing date. Exceptions may be granted by the Chief, Enlisted Policy Division, Directorate of Military Personnel Management (DAPE-MPE).

4. Soldiers currently under a Suspension of Favorable Personnel Actions (FLAG) are not eligible to apply.

5. IAW NGR 600-5, para 4-2, all AGR Soldiers will complete centrally-funded PEC courses that correspond with their duty assignment. Courses must be scheduled within 12 months of assignment to duty position.

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 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 4 of this announcement.**
3. Complete the AGR Reassignment Opportunity Application Packet Checklist. (Pg. 3)
4. The HRO-AGR Branch will not accept mailed or hand carried packets. Submit your application packet by email. In the subject line please type: HRO, the Reassignment Opportunity number, and your last name (**HRO/26-RO-19/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.njarng.list.jfhq-j1-army-agr@army.mil**
5. Your application packet must be received prior to midnight EST on the closing date: **10 August 2026**

POINT OF CONTACT: HRO-AGR Branch at **ng.nj.njarng.list.jfhq-j1-army-agr@army.mil.** Please put HRO, the Reassignment Opportunity number, and your last name (HRO/26-RO-19/Doe) in subject line of email.

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AGR REASSIGNMENT CHECKLIST

I, _____, confirm that the following items have been provided in my AGR Reassignment 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 Reassignment 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. Soldier Talent Profile (STP) verified **within the past 30 days**. Provide a memorandum for any discrepancies.

_____ 3. Individual Medical Readiness Form (**Physical Health Assessment date must be current within 12 months of the announcement closing date – no exceptions**). 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. See your Medical Readiness NCO to be scheduled for a walk-in PHA if necessary.

_____4. Screenshot of Army Training Information System (ATIS) of the current record AFT and HT/WT **(must be within 6 months of the closing date of the announcement)**. Individual Training Report (ITR) will not be accepted. Provide memorandum for discrepancy. Provide a copy of your DA Form 5500/5501 if applicable.

_____ 5. Last 3 Evaluations (NCOER). **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 (one letter for each missing evaluation).

_____6. 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.

_____7. Must provide a screenshot of an email sent to your Command (Commander and AO) informing them that you will be applying for this position.

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

_____9. All documents supporting your qualification.

_____10. 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.

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: HRO-AGR Branch at ng.nj.njarng.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 HISTORY

May 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**		**AVERGE 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)

May 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

2. NAME AND ADDRESS OF CURRENT EMPLOYER	DATES EMPLOYED		AVERGE 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

2. MILITARY TRAINING - FORMAL MILITARY SCHOOLING COMPLETED

COURSE TITLE AND NUMBER	DURATION OF COURSE		CORRESPONDENCE COURSES	
	WEEKS	DAYS	COURSE/SUBCOURSE TITLE	COURSE HOURS

3. MILITARY QUALIFICATIONS *(List any primary MOS/SSI which has been awarded on orders.)*

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

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

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

SECTION IV - PERSONAL BACKGROUND QUESTIONAIRE

YES	NO	*(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.*
☐	☐	1. Within the last five years, have you been fired for any reason?
☐	☐	2. Within the last five years, have you quit a job after being notified that you would be fired?
☐	☐	3. Have you ever been convicted, forfeited collateral, or now under charges for any felony or firearms or explosives offense against the law?
☐	☐	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?
☐	☐	5. While in the military, have you ever been convicted by a General Court Martial?
☐	☐	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?
☐	☐	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?
☐	☐	8. Have you ever been removed from military service due to unsuitability?
☐	☐	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)?
☐	☐	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?
☐	☐	11. Have you been involuntarily removed from unit (Selected Reserve) service based on maximum years of service, qualitative retention or selective retention board action?
☐	☐	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?
☐	☐	13. Do you currently possess or is a report of suspension of favorable actions pending?
☐	☐	14. Have you voluntarily separated from the AGR Program in any State for one or more days within the past year? (ARNG Applicants Only)
☐	☐	15. Have you been voluntarily separated from the AGR Program or voluntarily separated in lieu of adverse action?
☐	☐	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?
☐	☐	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**