



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

ARMY AGR REASSIGNMENT OPPORTUNITY NUMBER: 22-RO-10

POSITION TITLE: Battalion Operations, Training and Readiness Supervisor (OTRS)

OPENING DATE: 09 November 2021

CLOSING DATE: 23 November 2021

DUTY STATION: HHB 3-112th Field Artillery, 430 Western Ave Morristown, NJ 07960

MOS: 13Z

MILITARY GRADE: This announcement is open to personnel in the grade of E8.

SPECIAL REQUIREMENTS: Must become Field Artillery Master Gunner (ASI A7) qualified within 12 months.

AREA OF CONSIDERATION: Current New Jersey Army National Guard AGR Soldiers who possess the Military Grade and Duty MOS listed.

DUTY DESCRIPTION: Senior Enlisted Advisor to the BN Administrative Officer for all enlisted full-time support personnel. Manages and oversees the administration of the command's school program. Reviews personnel qualification reports within the command to identify individual military education requirements. Reviews, approves and forwards forecasts of individual training requirements of the organization and its subordinate elements. Resolves significant issues or problems in eligibility and prerequisite completion and quota allocation for individual training. Reviews, validates, records and forwards approved automated Requests for Orders (RFO). Provides technical guidance and assistance to subordinate elements in planning, coordinating, preparing, conducting, and documenting individual and collective training. Assists the Training Officer in the development and review of training directives, deployment planning and readiness reporting. Conducts command readiness inspections and other evaluations of subordinate training operations, security, safety, and deployment readiness planning. Reviews training schedules to ensure they are commensurate with the Commander/S3's priorities. Reviews and provides technical guidance for proper preparation of subordinate organization's training assessments. Prepares consolidated organizational training assessment reports. Ensures subordinate units training and METL are recorded timely and accurately in DTMS. Manages and provides subject matter expertise in the following systems: ATRRS, DTMS, CUSR, TAMIS, RFMSS, MARRS-N, DTS and any/all training and operations systems. Ensures all tasks and suspense for training and operations are updated on BN Task Tracker and completed on time. Manages and approves leave for all enlisted personnel. Provides direct supervision and guidance to the BN Master Gunner in their assigned duties assuring Artillery Tables are scheduled and completed IAW TC 3-09.8.

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

*****BE ADVISED THAT ACCEPTANCE OF THIS AGR TOUR YOU 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, gender, sexual orientation or national origin.

REQUIRED SECURITY CLEARANCE: Must have a secret clearance.

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

HOW TO APPLY: Follow the steps below

1. Ensure that you meet the Basic Eligibility Requirements. (See below)
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 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 Reassignment Opportunity number, and your last name. Email your packet in a **single PDF document** to the following address: **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.ifhq-j1-army-agr@mail.mil**
5. Your application packet must be received prior to midnight EST on the closing date: **23 November 2021**

POINT OF CONTACT: J1-AGR Branch: **ng.nj.njarng.list.ifhq-j1-army-agr@mail.mil**. Please put announcement number 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. Enlisted Record Brief (ERB) certified within the past 30 days. **Please make sure you print the ERB without the DA Photo.**

_____ 3. Individual Medical Readiness Form (Physical Health Assessment date must be within 12 months). 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.

_____ 4. Screenshot of Digital Training Management System (DTMS) of the current HT/WT. Provide a screenshot of your DTMS HT/WT from your Readiness NCO. Provide memorandum for discrepancy. Provide a copy of your DA 5500/5501 if applicable.

_____ 5. Last 3 NCOERs. Personnel who do not have 3 NCOERs must submit a memorandum explaining the circumstances. Newly promoted Soldiers must submit a letters of recommendation from his/her military leadership. Letters of recommendation must be dated within 3 months of the Reassignment Opportunity.

_____ 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 memorandum with supervisor's contact information (name, department, phone number, email).

_____ 8. Must have a current Security Clearance. Provide a copy of your JPAS Statement.

_____ 9. All documents supporting your qualification. This includes resume, civilian job evaluations and school transcripts.

_____ 10. Required 365 Microsoft Teams Email Username _____.

_____ 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.

Applicant Signature: _____

**APPLICATIONS DETERMINED TO BE INCOMPLETE, INCORRECT OR INSUFFICIENT UPON INITIAL REVIEW
WILL BE RETURNED WITHOUT FURTHER CONSIDERATION.**

POINT OF CONTACT: J1-AGR Branch ng.nj.njarng.list.jfhq-j1-army-agr@mail.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.)

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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		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)				

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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
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TYPE OF BUSINESS	YOUR REASON FOR LEAVING
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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 <i>(Service School, On the Job Training, Civilian Experience, etc.)</i>

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

		<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>	
YES	NO	<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"/>	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"/>	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"/>	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"/>	5. While in the military, have you ever been convicted by a General Court Martial?
<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"/>	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"/>	8. Have you ever been removed from military service due to unsuitability?
<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"/>	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"/>	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"/>	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"/>	13. Do you currently possess or is a report of suspension of favorable actions pending?
<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"/>	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"/>	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"/>	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
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