Privacy Act Statement on Reverse side

OFFICER'S DATA SHEET (NJARNGR 600-103)

NAME:		Present Grade				
SSN:		Grade				
HOME ADDRESS:		BUSINESS ADDRESS:				
HOME TELEPHONE (Include Area Code)		BUSINESS TELEPHONE (Include Area Code)				
ACTUAL PLACE OF EMPLOYMENT AND TELEPHONE WHERE CAN BE REACHED DURING BUSINESS HOURS						
MILITARY EDUCATION:						
Completed:						
☐ Basic ☐ BR	Career/Adva	nnce	C&CSC	Other _		
BR		BR			Identify	
Enrolled:						
☐ Basic ☐ BR	Career/Adva	nnce 🗆	C&GSC	Other _		
BR		BR			Identify	
CIVILIAN EDUCATION:						
☐ High School ☐ College						
•	_	Major				
\square ASSOCIATE \square BA/BS \square MASTERS \square DOCTORATE						
CIVILIAN EXPERIENCE: Full Time Basis (Indicate Supervisory Experience Only)						
Number of Personnel	Duration in	n Percentage of Personnel Supervised				
Supervised	Months	Non-Skilled	Technical	Professional		
NONE						
1 to 10						
11 to 20						
21 to 100						
More than 100						
TANKE DEGICALATION						
UNIT DESIGNATION:						
DATE OF PREPARATION:		SIGNATURE:				

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.

	I FEEL MOST QUALIFIED IS:
Remarks:	
2. Now, repeat the above process	and select the specialty in which you feel second most qualified:
Remarks:	
geographic constraints, if any, and	O3 State Inventory of Officer Specialties * (SIOS) by grade, consider select a primary specialty which you would like to have designated for lerstand that the most of your future military asignments and education
4. The primary specialty for which Remarks:	h I would like to have designated for my long term development is:
5. My civilian employment has been administrative	en technical, _ supervisory, or other ()
(Rate in successive order: 1 most,	4 least).
(civilian and military), AND person	cations, the SIOS, Geographic constraints, my experience/education onal factors, the primary specialty I would like to have designated is:
7. I belong to the following profess	ional, social and/or fratermal organizations:
ORGANIZATION	POSITION
8. I have language proficiency in _	
and	·

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