

ACCESSIONS CERTIFICATION

1. In accordance with AR 601-1 and AR 135-18, I am acknowledging that a background investigation will be completed in order to apply for the program. I am providing the following information to support my request to be an Army Reserve AGR Recruiter.

- a. Full Name (L/F/M): _____
- b. Social Security Number: _____
- c. Rank / Date of Rank: _____
- d. Date and Place of Birth: _____
- f. Current Mailing Address: _____

- g. Phone Number: _____
- h. Primary MOS: _____

2. I, _____, attest to the best of my knowledge that I am:
(print name)

_____ Drug free. _____ Not HIV infected.
(initial) (initial)

_____ Not currently flagged, nor pending a flag or any adverse action.
(initial)

_____ In compliance with the body fat standards per AR 600-9.
(initial)

_____ Not pregnant at this time (females only).
(initial)

(Signature of soldier and date signed)

(Printed Name and Rank/Grade of
Cdr, 1SG or UA)

(Signature of Cdr, 1SG or UA)

* You are cautioned that intentional omission or misstatement of fact, in official statements or records, for the purpose of misrepresentation is considered an act of misconduct and may lead to disciplinary action and/or removal from the AGR Program.

APPLICATION FOR USAR ACTIVE GUARD RESERVE (AGR) DUTY
(Applicant must read, complete as required, and sign front and back where indicated.)
THIS FORM IS REPRODUCIBLE.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 12301(d), 10 USC 10211, and 10 USC 10302.
PRINCIPLE PURPOSE: To determine eligibility and schedule individual for USAR AGR duty.
ROUTINE USES: To identify the applicant and issue orders. SSN is used to identify the applicant.
DISCLOSURE: Completing this form is mandatory for individuals applying for USAR AGR duty.
Failure to comply will result in nonselection for USAR AGR duty.

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER		TELEPHONE NUMBER (include Area Code) HOME () () BUSINESS () ()				
ALIAS/MAIDEN NAME		EMAIL ADDRESS		CURRENT MAILING ADDRESS (Street, City, State, Zip Code)				
SEX	DATE OF BIRTH (YYMMDD)	MARITAL STATUS (Check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>			NUMBER OF DEPENDENTS Adult Children			
PLACE OF BIRTH (City/State or Country)		CURRENT DUTY STATUS (Check appropriate boxes) <input type="checkbox"/> Army Reserve Unit (TPU) <input type="checkbox"/> Active Army <input type="checkbox"/> Individual Ready Reserve (IRR) <input type="checkbox"/> National Guard (TPU) <input type="checkbox"/> Individual Mobilization Augmentee (IMA) <input type="checkbox"/> Other (Explain)						
RANK	DATE OF RANK (YYMMDD)	TIME IN GRADE	PEBD (YYMMDD)	ETS (Enlisted) (YYMMDD)	MRO (Officer) (YYMMDD)	BRANCH (Officer)	EDUCATION (CV)	EDUCATION (ML)
PRIMARY MOS/AOC	SECONDARY MOS/AOC	ADDITIONAL MOS/FUNCTIONAL AREA	BASD (YYMMDD)	COMMISSION SERVICE DATE (YYMMDD)	TOTAL NUMBER OF MONTHS ACTIVE FEDERAL SERVICE	SECURITY CLEARANCE		
CURRENT UNIT OF ASSIGNMENT					UNIT TELEPHONE NUMBER/FAX (include Area Code)			
UNIT ADDRESS				UNIT EMAIL ADDRESS				

GEOGRAPHICAL PREFERENCE

Please indicate your first 3 preferences, by state, for initial tour attachment in the USAR AGR program:

FIRST STATE PREFERENCE SECOND STATE PREFERENCE THIRD STATE PREFERENCE

**TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL INFORMATION
AND DOCUMENTATION PROVIDED IS TRUE AND CORRECT.**

UNIT PERSONNEL ONLY

(TO BE COMPLETED BY UNIT COMMANDER - IRR/IMA WILL BE VERIFIED UPON RECEIPT)

(Enlisted Only) BAR TO REENLISTMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	(Enlisted and Officer) FLAGGED IAW AR 600-8-2 <input type="checkbox"/> YES
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UNIT ADMINISTRATOR'S OR COMMANDER'S NAME, GRADE AND TITLE (Typed)	UNIT ADMINISTRATOR/COMMANDER'S PHONE NUMBER (include Area Code)
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I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN VERIFIED AND IS ACCURATE.

SIGNATURE OF UNIT ADMINISTRATOR

DATE SIGNED

STATEMENT OF CONDITIONS OF SERVICE - ACTIVE GUARD RESERVE (AGR)

For use of this form, see AR 140-30, the proponent agency is OCAR

Information required by the Privacy Act of 1974

AUTHORITY: 10 USC 672(d) and Executive Order 9397, 22 November 1943.

PRINCIPLE PURPOSE: To explain the obligations and conditions that are, or will be, in force for members of the U.S. Army Reserve ordered to active duty with their consent in an Active Guard Reserve (AGR) status.

ROUTINE USES: Confirmation that the individual understands and agrees to the obligations and conditions that will be incurred upon entry, or continued services on, active duty in an AGR status.

DISCLOSURE: Disclosure of the individual's SSN is voluntary, however, if the SSN is not provided, the soldier may not be ordered, extended, or retained on active duty in an AGR status.

I. APPLICATION

- A. All individuals applying for voluntary active duty in an AGR status must read and sign this form.
- B. The form shall only be completed once and shall remain in force during the entire period the individual serves on active duty in the AGR program, to include periods of active duty for training (ADT) performed while in the AGR program. Should the individual incur a break in continuous active duty in the AGR program in excess of 48 hours, the form must again be completed upon reentry on active duty in the AGR program.
- C. A copy of this form will be given to the individual as a personal copy. A copy will be retained in the individual's Career Management Information File (CMIF), Official Military Personnel File (OMPF), and Military Personnel Records Jacket (MPRJ).
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II. ACTIVE GUARD/RESERVE CONDITIONS AND OBLIGATIONS

(The member must place his or her initials in the appropriate block)

1. I am applying for voluntary order to active duty in an AGR status for an initial AGR tour. If ordered to active duty, I will be stabilized in my initial assignment for the entire term of my initial tour except as described in paragraph 7 below. Should I voluntarily reenlist or extend for the purpose of being renewed or continued on an AGR status, or accept an additional tour, I will be subject to involuntary reassignment based on the needs of the Service.

1. I am currently serving on active duty in an AGR status. I am being processed for an immediate reenlistment or extension to be continued or retained on active duty in an AGR status or have been offered an additional tour. I have never before signed one of these specific agreements. I understand that I am no longer managed under the Long Tour Management Program and therefore accept the withdrawal by the Department of the Army of any previous agreements I may have accepted under the Long Tour Management Program. I further understand that I will be subject to involuntary reassignment based on the needs of the Service.

(The following provisions are applicable to all personnel signing this form)

2. I further understand that upon voluntary entry upon active duty in AGR status, or if I am already in an AGR status and being renewed or continued (by reenlistment, extension, or additional AGR tour).

- a. I will be subject to the Uniform Code of Military Justice (UCMJ).
 - b. I will be managed under the rules and regulations governing the USAR AGR centralized management system to include assignments, promotion, and reduction.
 - c. I will be considered for continuation or renewal on AGR status under the criteria of AR 135-18 and AR 140-30.
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3. I am aware that my duty assignment may require successful completion of a course, or courses, of instruction by military institution. Residency at such institutions may require periods of time away from my family and may require that I be placed in an active duty for training (A status during such training.

4. I am aware that my voluntary entry on active duty in an AGR status does not guarantee that I will be offered a subsequent AGR tour or that I will attain 20 years of Active Federal Service for retirement purposes.

5. I am aware that I will be subject to all regulations applicable to Active Component personnel, except as specified in AR 135-18, AR 140-30 and other regulations pertaining to the AGR program.

6. I am aware that I will be subject to involuntary relief from active duty under the provisions of AR 135-18, AR 140-30, and AR 635-100 (officers) or AR 635-200 (enlisted).

7. If entering on my initial AGR tour, I understand that I will not be involuntarily reassigned during my initial tour if such reassignment involves the expenditure of funds, except:

a. In time of war or national emergency declared by the President or by Congress;

b. If the unit or position to which I am assigned or attached is inactivated or relocated; or

c. I am relieved from my duty assignment or attachment for cause. I understand that if I enter on a subsequent AGR tour I will be subject to paragraph 8 below.

8. When entering on an AGR tour other than my initial AGR tour, I am aware that I may be involuntarily reassigned to meet the needs of the Army at any time.

9. I understand that I will be automatically considered for successive tours of active duty in the AGR program, and this form is also my consent to be ordered to active duty or extended on active duty for those tours if I am selected. I further understand that I may withdraw my consent to new tour of active duty in writing but must do so within 10 days of receipt of orders to a new tour of active duty or I will be obligated to serve on active duty for the period of that tour.

III. STATEMENT ACKNOWLEDGING CONDITIONS AND OBLIGATIONS

I, the undersigned, acknowledge that I have read and understand all of the conditions and obligations of service as specified on this statement. No other conditions or promises were made to me in conjunction with my entry or continuation in the AGR Program.

TYPED OR PRINTED NAME

RANK

SIGNATURE

SSN

DATE SIGNED

**ARMY RESERVE ACTIVE GUARD RESERVE (AGR)
79R RECRUITER ELIGIBILITY CHECKLIST**

THIS FORM IS REPRODUCABLE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 12301 (d), 10 USC 10211, AND 10 USC 10302
PURPOSE: To determine eligibility and schedule soldier for USAR AGR duty.
ROUTINE USES: To identify the applicant and issue orders. SSN is used to identify the applicant
DISCLOSURES: Completing this form is mandatory for soldiers applying for USAR AGR Recruiting duty.
 Failure to comply will result in non-selection for USAR AGR Recruiting duty.

Please circle the appropriate response for each question. If you circle the INELIGIBLE block on any of the questions, DO NOT apply unless you are authorized a waiver IAW AR 601-1 or AR 135-18. Waiver requests have been identified with a "W". A request for waiver must be attached to your application, if applicable.

	RULE	ELIGIBLE	INELIGIBLE	WAIVER
1. Membership. Current member of the USAR (TPU, IMA, IRR)?	Rule A	YES	NO	NA
2. Rank. Do you hold grade of E-5 through E-7? Or E-4 who is fully qualified for promotion to E-5; IAW AR 140-158?	Rule B	YES	NO	NA
3. AGE. ARE you between the ages of 21 and 45?	Rule C	YES	NO	W
4. GT Score. Do you possess a GT score of at least 95 and ST 95?	Rule D	YES	NO	NA
5. Education. Do you possess a High School Diploma or do you have a GED with at least 1-year of college?	Rule E	YES	NO	NA
Active Federal Service. Do you have less than 15 years (180 months) of Active Federal Service (upon entry into the AGR program)?	Rule F	YES	NO	W
7. Height and Weight Standards. Do you meet the height and weight standards of AR 600-9 or meet the body fat standards?	Rule G	YES	NO	NA
APFT Standards. Have you met the Army Physical Fitness Training Standards of AR 350-41 during the past 6 months?	Rule H	YES	NO	NA
9. Medical Fitness Standards. Do you meet the medical fitness standards? For Retention required by AR 40-501. (During the past 12 months)?	Rule I			
(a) Possess a minimum physical profile of 232221?		YES	NO	NA
(b) Medically certified as drug free within the last 6 months and negative for HIV within 1 year?		YES	NO	NA
(c) Do you have a shaving profile?		NO	YES	NA
(d) Are you currently pregnant (females only)?		NO	YES	NA
10. Military Service Obligation. Do you have a minimum of 36 months of service remaining on your enlistment contract prior to reporting to active duty?	Rule J	YES	NO	NA
11. Bonus Obligation. Are you currently serving an obligated period of service pursuant to receipt of an enlistment or reenlistment bonus?	Rule K	NO	YES	W
12. Involuntary Separation. Are you a former relieved recruiter from USAREC (AGR or Active Duty)?	Rule L	NO	YES	NA
13. Mandatory Removal. Are you able to serve 5 years on an active duty status prior to becoming eligible to receive military retired pay or subject to mandatory removal?	Rule M	YES	NO	NA
14. Voluntary Separation. Have you voluntarily left the AGR program within the past 12 months?	Rule N	NO	YES	NA
15. USMEPCOM. Have you been assigned to the U.S. Military Entrance Processing Command during the past 2 years?	Rule O	NO	YES	W
16. Lost Time. Do you have any lost time under Title 10 U.S. Code during the current enlistment or in the past 3 years, whichever is longer?	Rule P	NO	YES	NA
17. Background Check. Are you able to receive a favorable background investigation from the Department of the Army?	Rule Q	YES	NO	NA
18. Moral. Do you possess any unfavorable civilian or military disciplinary records?	Rule R	NO	YES	NA

**ARMY RESERVE ACTIVE GUARD RESERVE (AGR)
79R RECRUITER ELIGIBILITY CHECKLIST**

	RULE	ELIGIBLE	INELIGIBLE	WAIVER
19. Adverse Dispositions. Have you ever had action taken; Adverse Dispositions, Convictions, Court-Martial, or other actions taken (including Proceedings under the Provisions of Article 15, UCMJ) by any Authority for: (a) Have you committed an Offense for which the Maximum Penalty under UCMJ is Death or Confinement for 1 year or more? (b) Have you committed an Offense that involved Moral Turpitude regardless of the sentence received?	Rule S	NO NO	YES YES	NA NA
20. Operators License. Do you possess a valid driver's license? State: _____ Expiration Date: (yyyymmdd)	Rule T	YES	NO	NA
21. Financial. Do you consider yourself financially stable? Can you meet all of your debt obligations with an Active Duty income? Have you filed a petition for bankruptcy within the past 5 years?	Rule U	YES NO	NO YES	W W
22. Family Members. Do you meet the family member requirements of Chapter 2, AR 601-1?	Rule V	YES	NO	W
23. Parenthood. Are you a sole parent?	Rule W	NO	YES	NA
24. Army Family Program. Is your spouse an Active Duty or Reserve Component Service Member?	Rule X	NO	YES	W
25. Family Problems. Do you have any major marital, emotional, or major medical problems (to include immediate family) that would hamper duty performance?	Rule Y	NO	YES	NA
26. Drug and Alcohol Dependency. Are you currently or previously (last 12 months) enrolled in a drug and/or alcohol dependency intervention program of any type?	Rule Z	NO	YES	NA
27. Military Appearance. Do you possess excellent military appearance and bearing and have no obvious distracting physical characteristics, abnormalities, or mannerisms?	Rule AA	YES	NO	NA
28. Recommendation. Are you able to receive a letter of recommendation from a field grade officer (MSC Commander Representative)?	Rule ZZ	YES	NO	NA

The following information is about my Active Duty Spouse. I understand there is no guarantee of Joint Domicile.

NAME: _____

RANK: _____

SSN: _____

Branch of Service: _____

"I certify that I am not currently or previously (in the past 12 months) enrolled in a drug and / or alcohol dependency intervention program of any type." "I certify that I have not, nor am I currently used / using any illegal drugs."
"I certify that I do not have tattoos that are contrary to the Department of the Army policy."

PRINT NAME

APPLICANT'S SIGNATURE

DATE:

Enlisted soldiers who have been recommended for entry will be accessed at the grade boarded. Enlisted soldiers who accept a promotion after submitting their packet must update their packet prior to acceptance into the AGR program.

"I certify that the above information is true and accurate to the best of my knowledge."

PRINT NAME

APPLICANT'S SIGNATURE

DATE:

Sample memorandum - Letter of Acknowledgement of Service Obligation Extension

MEMORANDUM FOR Chief, OCAR Retention and Transition Division (ATTN: DAAR-RTD), 1401
Deshler Street SW, Fort McPherson, Georgia 30330

SUBJECT: Acknowledgement of Service Obligation Extension

1. In accordance with Army Regulation 601-1, 2 March 1992, Assignment of Enlisted Personnel to the US Army Recruiting Command and Army Regulation 140-111, 24 January 2003, US Army Reserve Reenlistment Program.
2. I understand that I am required to have 36 months of service remaining on my enlistment contract before reporting for my initial active duty tour as a U.S. Army Reserve Active Guard and Reserve Recruiter.
3. Upon arrival at the Army Recruiting Course at Fort Jackson, South Carolina I will be required to extend my current enlistment contract to establish a simultaneous End Term of Service (ETS) and Released from Active Duty (REFRAD) date.
4. If I fail to execute this extension of my enlistment contract, I understand that I will be removed from active duty and transferred to the Individual Ready Reserve (IRR).
5. The point of contact for this action is (RSC/DRC ARMY RESERVE AGR Recruiter Point of Contact) at (Phone Number and electronic mail address).

I.M. GOOD
Rank, U.S. Army

Sample Memorandum - Letter of Acknowledgement of Loss of Benefits

MEMORANDUM FOR Chief, OCAR Retention and Transition Division (ATTN: DAAR-RTD), 1401
Deshler Street SW, Fort McPherson, Georgia 30330

SUBJECT: Acknowledgement of Loss of Benefits

1. In accordance with: AR 135-18, 19 June 1996, The Active Guard Reserve (AGR) Program; AR 140-30, 01 September 1994, Active Duty in Support of the United States Army Reserve and Active Guard Reserve Management Program; AR 140-111, 24 January 2003, US Army Reserve Reenlistment Program; and AR 135-7.
2. I understand, in accordance with the above listed regulations that I am currently serving an obligated period of service pursuant to receipt of a enlistment or re-enlistment bonus IAW AR 135-7.
3. I acknowledge that I have been counseled and understand that upon acceptance into the Army Reserve AGR Program and re-classification that I will become ineligible for future benefit payments.
4. The point of contact for this action is (RSC/DRC ARMY RESERVE AGR Recruiter Point of Contact) at (Phone Number and electronic mail address).

I.M. GOOD
Rank, U.S. Army
AGR Recruiter Applicant

79R QC Checklist

Soldier's Name & Rank _____ MOS: _____
 Home Phone#:() - _____
 Work Phone#: () - _____
 Cell Phone#: () - _____
 email address: _____
 Marital Status: **S M D W Sep** (Circle One)
 Total number of supported dependents: _____
 Spouse's Name: _____
 Address _____
 ZIP CODE _____

Eligibility Criteria	Remarks:
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Eligibility requirements must verified using RMS, RCMS, SMS, PERNET, OR REDD

****Automated packet must be submitted online at <https://www.hrc.army.mil/portal/>**

Soldier must be assigned to IRR, TPU or AGR IRR _____ TPU _____ AGR _____

****NOTE: AGR SOLDIERS MUST SUBMIT DA 4187 THRU UNIT CHAIN OF COMMAND****

Rank: Must be SPC thru SFC Y / N **Date of Rank:** _____
****SPC MUST HAVE 12 MONTHS TIG****

NCOES: SPC & SSGs must have WLC or PLDC Y / N **ANCOC** _____ **BNCOC** _____ **WLC** _____

DD Form 214 and/or NGB 22
 Verify soldier's Active Federal Service (AFS) **Yrs:** _____ **Mths:** _____ **Dys:** _____
 SM will have more than 15 years of AFS upon completion of ARC **Y / N** **Waiver Required: Yes / No**

DA Form 2A
 Marital Status/Number of Depns (SPC/SGT-2)(SGTP-3)(SSG-4)(SFC-5) **Married:** _____ **Single:** _____ **Divorced:** _____
 Number of dependents: _____ **Waiver Required** **Y / N**
 Rank: _____ DOR: _____ **If SPC: TIG** _____ **TIS** _____ **WLC** **Y / N**
 Deployability Code: _____ Mob code: _____ Yes _____ No **Orders for REFRADD? Y / N**
 DOB: _____ Age: _____ (must be at least 21 years old)
 36-45 Must submit a waiver(can't be < 45 upon graduating the ARC) **Waiver Required: Yes / No**
 SM is a US Citizen **Y / N**

DA Form 2-1 or ERB
 GT and ST must be at least 95 / SM Scores: GT: _____ ST: _____ **Y / N** **Include REDD Printout in Packet**
 Education Level GED: _____ HS Grad: _____ College: _____
 If GED, must have at least 30 sem hrs of college **Semester Hours: _____ (if Applicable)**
 (If DD214 or NGB22 is marked HSD or equiv, 30 Sem hrs of college is not required)

DD Form 4
 ETS date: _____ (Must be 3 yrs after graduation from ARC) **Y / N**
 Is SM a Bonus Receiptient **Y / N**

DA Form 1059
 Highest level of NCOES **WLC:** _____ **BNCOC:** _____ **ANCOC:** _____
 SM meets NCOES for current grade **Y / N**
 SSG and SPC required to have WLC.
 SM scheduled for school **Y / N** **Date:** _____

Updated as of 1 October 2008

QC CHECKLIST Page 2	Remarks:
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DD Form 2807-1 (SF 88) Y / N

o Must be dated w/in 2 yrs to receive orders	Y / N	Date: _____
DD Form 2808 (SF 93)	Y / N	
o Must be dated within 2 yrs to receive orders	Y / N	Date: _____
o Verify PULHES (Must be 132221) (With Initial & Date)		PULHES: _____ CAT: _____
o Verify height and weight		HT: _____ WT: _____ MAX: _____
o UF 1241- Tattoos are IAW AR 670-1	Y / N	
HIV Test no older than 1 year old	Y / N	Date: _____
Drug Test no older than 6 Months	Y / N	Date: _____
DA Form 5500/5501 Body Fat Percentage MAX %: _____	Y / N	Actual %: _____ Date: _____
Female Pregnancy Test (Within 30 Days)	Y / N	Date: _____
DA Form 705	Y / N	
o Verify Soldier has met minimum standards		Pass: _____ Fail: _____
o APFT not older than 6 months prior to scheduled ARC date		Date: _____
o Signatures / scores / initials	Y / N	
o Verify height and weight	Y / N	HT: _____ WT: _____ MAX: _____
o Personnel Actions Pending Cannot be flagged for APFT	Y / N	Date of Action: _____
DA 5500/5501 (if required) Cannot be flagged for HT/WT	Y / N	Date: _____
Body fat percentage MAX % _____		Actual %: _____
o Personnel Actions Pending	Y / N	Date of Action: _____
Driver's License	Y / N	State: _____ Expires: _____

RRTO of Credit: _____

ARCC OF CREDIT: _____

I HAVE REVIEWED THIS SOLDIER'S ELIGIBILITY FOR AGR RECRUITING.

I UNDERSTAND THAT THIS IS ONLY THE AGR APPLICATION. I WILL ASSIST THE SOLDIER, AND THE HRC RTR TEAM, IF NEEDED, TO COMPLETE THE ENTIRE AGR RECRUITER PACKET.

ARCC NAME: _____

SIGNATURE: _____

Special Missions NCO NAME: _____

SIGNATURE: _____