

ARMY and/or AIR National Guard AGR VACANCY ANNOUNCEMENT

JOINT FORCE HEADQUARTERS INDIANA  
2002 South Holt Road  
Indianapolis, Indiana 46241-4839

ANNOUNCEMENT NUMBER: 16-058-E

DATE: 03 Aug 16

CLOSING DATE: 16 Aug 16

POSITION TITLE, PARA LINE, MAXIMUM AUTHORIZED MILITARY GRADE AND MOS:  
Supply NCO, PARA 201 LINE 04, E6, 92Y

APPOINTMENT FACTORS:                      OFFICER( )                      WARRANT OFFICER( )                      ENLISTED(X)

LOCATION OF POSITION:  
CO B 2ND BN 151ST INF, 912 South Cicott Street, Logansport, IN 46947

**WHO MAY APPLY:**

Must be a current on-board AGR in the State of IN within the grades of E5 and E6. If a female desires to apply for the position, she must already be a SSG/E6.

**AREA OF CONSIDERATION:** This position is on-board AGR for the grade(s) of: E5 to E6. Individual selected will be reassigned upon acceptance of position. In order to be considered for this position's applicants must meet minimum qualifications as outlined on this announcement.

**INSTRUCTIONS FOR APPLYING:** The documents listed WILL be submitted "AS A MINIMUM". If any of the required documents are not reasonably available to you, a brief letter will be submitted citing the documents missing with a short explanation necessary to certify the soldier as eligible. Failure to do so may result in a finding of ineligibility and may cause the applicant to lose consideration for this position.

1. NGIN Form 112 - On-Board AGR Application
2. Commander's Ht/Wt Statement
3. DA Form 4187 - On-Board Only
4. Validated/Certified Enlisted Record Brief.
5. Last 5 years of NCOERs; a Letter of Recommendation (LOR) if missing any NCOERs within the last 5 years.

**POSITION COMPATIBILITY REQUIREMENTS:**

The individual(s) must qualify for and be placed in the following compatible MOS/AOC: 92Y

**MINIMUM APPOINTMENT REQUIREMENTS:**

1. A physical profile of 222222.
2. Individual must also maintain satisfactory membership in the IN ARNG to include adherence to APFT and the height/weight standards.
3. Must meet the Army medical retention standards in accordance with AR 40-501, Chapter 3.
4. Qualifying scores- A minimum score of 95 in aptitude area CL on ASVAB tests administered prior to 2 January 2002; a minimum score of 92 in aptitude area CL on ASVAB tests administered on and after 2 January 2002 and prior to 1 July 2004; a minimum score of 90 in aptitude area CL on ASVAB tests administered on and after 1 July 2004.
5. Upon selection, individual must be or become MOS qualified within twelve (12) months of appointment, with the exception of deployed Soldiers, who will have an additional 12 months.

**BRIEF JOB DESCRIPTION:**

Receives, inspects, inventories, loads, unloads, segregates, stores, issues, delivers, and turns-in organization & installation supplies and equipment; operates Unit Level Computers (ULC); prepares all unit/organizational supply documents; maintains automated supply system for accounting of organizational & installation supplies and equipment; issues & receives small arms; secures & controls weapons & ammunition in security areas; schedules & performs preventive & organizational maintenance on weapons; inspects completed work for accuracy & compliance with established procedures; coordinates supply activities; reviews & annotates changes to unit material condition status report; posts transactions to organizational & installation property books & supporting transaction files; determines method of obtaining relief from responsibility for lost, damaged & destroyed supply items; systems that could possibly be utilized are: GCSS-A, ISM, AFMIS, FMS, WeB, SIDPERs, & CCDF.

**SELECTING SUPERVISOR:**

SFC Nenycz, Jerry Phone Number: (800) 237-2850 X 85921

**CONTACT INFO:**

SGT Driver, Courtney  
(DSN)  
(Com) 1-317-247-3390  
(Email)

**EQUAL OPPORTUNITY:**

The Indiana National Guard is an Equal Employment Opportunity Employer. Soldiers and Airmen will not be accessed, classified, trained, promoted, or otherwise managed on the basis of race, color, religion, gender, national origin, or reprisal, except as the direct combat probability coding policy applies to women.



**DEPARTMENT OF THE ARMY**  
**INDIANA JOINT FORCES HEADQUARTERS NATIONAL GUARD**  
**2002 SOUTH HOLT ROAD**  
**INDIANAPOLIS, INDIANA 46241-4839**

MEMORANDUM FOR NGIN-PEH-A

SUBJECT: Height and Weight Statement for

1. This memorandum is to confirm that \_\_\_\_\_ exceed screening weight or body fat percentage for \_\_\_\_age group. current height is and weight is \_\_\_\_\_ pounds as of \_\_\_\_\_.

2. DA Form 5500-R (Body Fat Content Worksheet Male) is enclosed, if applicable or DA Form 5501-R (Body Fat Content Worksheet Female) is enclosed, if applicable.

3. \_\_\_\_\_ the the standards set forth in AR 600-9, dated 01 August 2006.

4. Point of Contact for this memorandum is \_\_\_\_\_ at \_\_\_\_\_ or via e-mail at \_\_\_\_\_.

**PERSONNEL ACTION**

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended  
**PRINCIPAL PURPOSE:** To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.  
**ROUTINE USES:** The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.  
**DISCLOSURE:** Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) NGIN-PEH-A ATTN: AGR Manager 2002 S. Holt Road Indianapolis, IN 46241-4839	3. FROM (Include ZIP Code)  (MACOM initiating request)
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI) SOLDIER, IMA L.	5. GRADE OR RANK/PMOS/AOC SSG/92Y30	6. SOCIAL SECURITY NUMBER 000-00-0000
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**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above Soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> On-board AGR Request

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

REQUEST CONSIDERATION FOR JOB TITLE AND ANNOUNCEMENT NUMBER:

I HAVE BEEN IN MY CURRENT AGR POSITION FOR \_\_\_ MONTHS.

I AM / AM NOT ON MY INITIAL AGR TOUR.  
(CIRCLE ONE)

NOTE TO SRFTUS: This is only to notify the SRFTUS of the applicant's desire to apply for a new position.

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -  
 HAS BEEN VERIFIED  RECOMMEND APPROVAL  RECOMMEND DISAPPROVAL  IS APPROVED  IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE SRFTUS	13. SIGNATURE	14. DATE (YYYYMMDD)
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15. NAME OF INDIVIDUAL		16. SSN	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
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i. COMMENTS			