



**State of New York  
Division of Military and Naval Affairs  
JTF Asylum Seeker Resource Support  
State Active Duty Application**



Completed applications should be sent to: [ngny-jtf-asrs-application@army.mil](mailto:ngny-jtf-asrs-application@army.mil), SM's admin NCO or unit representative will be cc'd when sending the completed application.

**REQUIREMENTS**

Joint Task Force Asylum Seeker Resource Support (JTF ASRS) is currently seeking qualified Service Members for voluntary activation to full-time State Active Duty (SAD) positions across New York State. SAD deployment is open to members of New York Military Forces -- New York Army National Guard (NYARNG), New York Air National Guard, New York Guard (NYG) and New York Naval Militia (NYNM) -- in Good Standing that meet the following additional requirements:

- 180+ (Army National Guard) or 90+ (Air National Guard) days remaining on military contract;
- Not flagged for disciplinary proceedings or investigation, pending adverse action or open medical board cases;
- Approved by their Commander for SAD deployment;
- Have a current, updated family care plan prepared and filed with their unit;
- Prepared to deploy to and serve in any location and any capacity across New York State at all times;
- Strong preference for Service Members committed to serving a minimum of 90+ days on State Active Duty;
- Dual-Status National Guard Federal Technicians are not eligible.

*New York State Law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, gender identity or prior conviction records, or prior arrests, youthful offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception.*

**PART I: PERSONAL DATA**

Complete all required fields and optional fields as applicable. Box 4: National Guard applicants enter 10-digit DODID number (listed on the back of your CAC), New York Guard and Naval Militia enter last four digits of Social Security number. Box 4B: Pay Entry Base date Information can be found on your LES as "Pay Date", not applicable to NYG, NYG input NA.

1. NAME (Last, First MI Suffix)	2. RANK/GRADE	3. BRANCH / MOS	4A. DODID or LAST 4 SSN	4B. PAY ENTRY BASE DATE (PEBD)	
5. HOME OF RECORD ADDRESS	7. MOBILE PHONE NUMBER		12. EMERGENCY CONTACT NAME		
	8. MILITARY EMAIL ADDRESS		13. EMERGENCY CONTACT RELATIONSHIP		
6. MAILING ADDRESS (if different from HOR)	9. CIVILIAN EMAIL ADDRESS		14. EMERGENCY CONTACT PHONE		
	10. MARITAL STATUS	11. DEPENDENTS	15. ALLERGIES	16. DIETARY RESTRICTIONS	
17. DRIVER'S LICENSE NUMBER	18. LICENSE STATE	19. EXP. DATE	20. POV	21. PLATE NUMBER	22. PLATE STATE
23. FOREIGN LANGUAGE SKILLS	24. FOREIGN LANGUAGES		25. OTHER FOREIGN LANGUAGES		

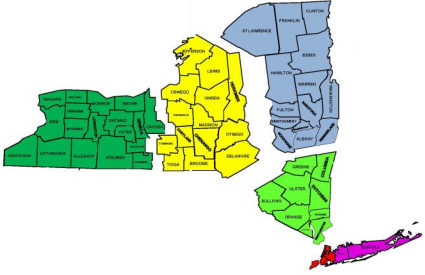
**PART II: MILITARY UNIT DATA**

Enter current unit of assignment name and address in Box 2. Enter contact information for your full-time Unit Administrator (Army National Guard), Unit Deployment Manager (Air National Guard) or Strength Manager (New York Guard and Naval Militia) in Boxes 1 and 3-6.

1. UNIT POC NAME	2. UNIT POC RANK/GRADE
4. ORGANIZATION (Unit Name and Address)	5. UNIT POC BUSINESS PHONE NUMBER
	6. UNIT POC MILITARY EMAIL ADDRESS

**PART III: GEOGRAPHIC DATA**

Inspect Joint Operating Area (JOA) map in Box 1 and select the JOA that includes your Home of Record. Check all Joint Operating Area (JOAs) to which you request assignment in Box 2. Note: JOA requests do not guarantee assignment.

1. Home of Record Joint Operating Area (JOA)	2. Requested Joint Operating Areas of Assignment				
	<input type="checkbox"/> JOA 1	<input type="checkbox"/> JOA 2	<input type="checkbox"/> JOA 3	<input type="checkbox"/> JOA 4	<input type="checkbox"/> JOA 5
 <p> <input type="checkbox"/> JOA 1 - NEW YORK CITY AND LONG ISLAND  <input type="checkbox"/> JOA 2 - LOWERS HUDSON REGION JOA 3 UPPER HUDSON REGION  <input type="checkbox"/> JOA 4 CENTRAL NEW YORK  <input type="checkbox"/> JOA 5 WESTERN NEW YORK         </p>	NYC & LI	LOWER HUDSON	UPPER HUDSON	CENTRAL	WESTERN
	BRONX KINGS MANHATTAN NASSAU QUEENS RICHMOND	WESTCHESTER ORANGE ULSTER DUTCHESS PUTNAM SULLIVAN GREENE ROCKLAND COLUMBIA	RENSSELEAR ALBANY WASHINGTON SCHOHARIE MONTGOMERY SCHENECTEDY FULTON SARATOGA WARREN HAMILTON ESSEX LAWRENCE FRANKLIN CLINTON	JEFFERSON LEWIS OSWEGO ONEIDA HERKIMER ONANDAGA MADISON CORTLAND TOMPKINS OTSEGO CHENANGO TIOGA BROOME DELAWARE	CHAUTAUQUA NIAGARA ORLEANS ERIE GENESEE WYOMING CATTARAUGUS ALLEGANY MONROE LIVINGSTON ALLEGANY WAYNE ONTARIO YATES STEUBEN SENECA CAYUGA SCHUYLER CHEMUNG

**PART IV: MISCELLANEOUS**

Complete Boxes 1-5. Army National Guard Soldiers select MRC status in Box 1. All applicants, check box if "Yes" in Boxes 2-4 and select date available in Box 5.

1. CURRENT MEDICAL READINESS CLASS (ARMY ONLY)	2. DO YOU HAVE A LIMITED DUTY PROFILE?
3. ARE YOU CURRENTLY SERVING ON ANY ACTIVE DUTY ORDERS?	4. ARE YOU A DUAL STATUS NATIONAL GUARD FEDERAL TECHNICIAN?
5. DATE AVAILABLE	

**PART V: ATTESTATION**

Read carefully and check box to acknowledge each statement. Enter your name (Rank, Last, First, MI) in Box 1, type your initials in Box 2 and date in Box 3.

1. I am member of New York Military Forces volunteering for full-time State Active Duty in support of JTF Asylum Seeker Resource Support.	<input type="checkbox"/>
2. I attest I have verified with my unit that I am in Good Standing, not flagged for any reason, and otherwise fit for service on State Active Duty.	<input type="checkbox"/>
3. I understand that Full-Time State Active Duty personnel are required to attend scheduled IDT/UTA/RSDs and Annual Training with their unit.	<input type="checkbox"/>
4. I understand that I will be separated from State Active Duty if I fail to maintain Good Standing with my unit.	<input type="checkbox"/>
5. I understand that duty hours and assignments are not fixed and may change pending mission requirements.	<input type="checkbox"/>
6. I understand that I may be assigned or reassigned to any site across New York State on short notice pending mission requirements.	<input type="checkbox"/>
7. I attest that I have a family care plan in place for my dependents, if any, while in full-time military service.	<input type="checkbox"/>
<p>I affirm the information provided above and all statements made on this application (including any attachments) are true and correct to the best of my knowledge. I understand false statements may prevent my consideration for State Active Duty (SAD). I understand the information provided is for consideration for a SAD mission and the record will be maintained on file in accordance with any applicable statutes. I attest that I will continue to provide true and complete information in conjunction with this application, including updates regarding any material changes in circumstances. I understand that failure to adhere to the requirements of this policy memorandum may result in adverse administrative action, punitive action under New York State Military Law or criminal referral. I am aware all information contained herein is subject to DMNA verification.</p>	
1. Applicant Name	2. Applicant Initials
3. Date	

**PERSONAL PRIVACY LAW NOTIFICATION**

The information you are providing on this application is being requested for the principal purpose of determining eligibility of applicant to participate in an interview for an opening on an SAD mission with New York State. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application.