

APPLICATION INSTRUCTIONS:

1. Print out the AWG Application and Commander's Evaluation.
2. Complete the application in your own hand writing using black ink.
3. Sign and date the application, polygraph consent, and authorization for release of information form.
4. Enclose your last five NCOERs / OERs or all NCOERs / OERs in current grade, whichever is larger.
5. Enclose an updated ERB / ORB / SRB as applicable.
6. Enclose a current DA Form 705 (APFT Scorecard).
7. Enclose a resume (National Guard / Army Reserve ONLY).
8. Enclose the Commander's Evaluation unless the Commander prefers to email it directly to AWG.
9. Once you have completed the application and compiled the required documents, email to your recruiter or army.awg.recruiting@mail.mil.
 - Only if email is unavailable, mail your complete packet to the following address:

**Asymmetric Warfare Group
ATTN:EASYSquadron, AccessionTroop
2270Rock Ave
FortMeade, MD20755**

(You will receive email conformation once your complete packet has been received)

If you have further questions or need assistance, contact the AWG recruiting@

army.awg.recruiting@mail.mil

301-833-5366 or DSN 733-5366

ASYMMETRIC WARFARE GROUP CANDIDATE APPLICATION

Data Required by the Privacy Act

Authority: Executive Order 9397, 10450, and 11652.

Principal Purpose: To record data concerning individuals who volunteer for assignment to the Asymmetric Warfare Group.

Uses: To assist in screening, interview, and psychological evaluation of volunteer during hiring process and the formal Assessment and Selection Course.

Mandatory/Voluntary Disclosure and Effect of Individual Not Providing Information: All information is voluntary. Refusal to provide information will prevent favorable consideration of volunteer's request for assignment.

Application Instructions: Print all answers. Ensure all questions are answered in detail. Write "N/A" if the question does not apply.

Incomplete applications cannot be properly evaluated.

Date:

Last Name:

First Name:

MI:

Rank:

NCOs:

PMOS:

GT Score:

*107 GT score is the minimum requirement to submit an application.

Officers:

Basic Branch:

Year Group:

Are you branch qualified at your present rank? YES NO

If previously enlisted? Dates (from - to):

Highest rank attained:

MOS:

Are you currently on Active Duty status in the United States Army? YES NO NG AR

*Army Reservists and National Guard are only eligible to apply for CO-ADOS positions with the AWG.

What position are you applying for within the Asymmetric Warfare Group? (Check all that apply)

Operational Advisor (U9)

Operational Support (U8)

Month you wish to attend:

For Operational Advisor, indicate preference for selection:

Spring (Apr)

Fall (Sep)

November

January

Unit:

Time on station:

Unit Mailing Address:

City:

State/APO:

Zip Code:

Duty Phone:

Duty E-mail:

Personal E-Mail:

Home / Personal Cell Phone:

SECTION I--STATEMENT OF PERSONAL HISTORY

1. Date of Rank: _____ Are you promotable: YES NO
2. Do you have any limiting physical profiles or disabilities? YES NO
3. PULHES: _____
4. Indicate your present security clearance level (Check one):
 CONFIDENTIAL SECRET TOPSECRET TS-SCI NONE
5. Are you on reassignment orders? YES NO

Reporting to: _____

Reporting date: _____

6. Are you flagged? YES NO
7. Do you have a Government Travel Credit Card (GOVCC)?
 YES NO

Is the GOVCC active?

YES NO

8. Current Marital Status:
- a. Married Single Divorced Legally separated
- b. Number of times divorced: _____
- c. Is your spouse in the military? YES NO
- d. Are you assigned under a joint domicile? YES NO Spouse's MOS / CMF: _____
- e. Who has custody of your children? _____
- f. Number of dependents: _____
- g. List all dependents: _____

Name	Age	Relationship

h. Are you expecting the birth of a child? YES NO

i. If yes, indicate expected delivery date:

j. Are your dependents capable of caring for their own personal needs in your absence? YES NO
If no, explain.

k. Are any of your dependents enrolled in the Exceptional Family Member Program or seriously ill? If yes, explain.

8. List all civilian education (high school, college, and studies on-going):

Dates	School/Location	Concentration	GPA	Qualification

9. List all military /civilian training courses and / or selection courses attended, but NOT successfully completed:

Dates	Course	Reason not completing

10. Explain your specified, implied, and additional responsibilities in your present assignment or position:

11. List your last five military and/or civilian job descriptions:

Rank/Job Description	Dates	Duties/Responsibilities

12. Combat or hazardous duty military experience:

Unit	Location / Inclusive Dates	Position/Role

13. Has your use of alcohol (such as liquor, beer, wine etc.) resulted in any alcohol related treatment or counseling, (command referral, alcoholics anonymous, or any other similar in nature activity) or resulted in public disgrace, loss of employment, damaged health or marital difficulties? If yes, explain.

14. Have you ever consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or been prescribed mental health medications such as anti-depressants or tranquilizers? If yes, explain.

15. Have you ever illegally used any controlled substance, e.g.: marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.) or prescription drugs? If yes, explain.

16. Have you ever been involved in illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another? If yes, explain.

17. Have you ever had a clearance or access authorization denied, suspended, or revoked? If yes, explain the situation and dates.

18. Have you ever been charged with or convicted of a felony or misdemeanor? If yes, explain the situation and dates. Include any Summarized, Company Grade and Field Grade Article 15's received. {This includes and incidents in your restricted file that may be revealed during application for TS-SCI clearance}

19. Have you ever been charged with or convicted of a firearms or explosives offense? If yes, explain situation and dates.

20. Are there currently any charges pending against you? If yes, explain situation and dates.

21. Have you ever been charged with or convicted of any offense related to alcohol or drugs? If yes, explain situation and dates.

22. List all traffic violations. Include dates, circumstances, and outcome (fine paid, community service, etc.):

23. What do you know about the Asymmetric Warfare Group and why would you like to be assigned?

24. What are your major strengths?

25. What are your major weaknesses?

26. Who or what influenced you to apply to AWG? (select all that apply)

- Social Media - Which platform? _____
- Received recruiting email
- AWG recruiting brief - Where? _____
- AWG website - Which site? _____
- AWG member - Name? _____
- Worked with AWG
- Other - Explain. _____

27. Do you know anyone currently or previously assigned to AWG? If yes, who?

SECTION II--FINANCIAL STATEMENT

1. Housing:

Are you now:	YES/NO	Monthly Payment	Balance Owed
Living in quarters?			
Renting?			
Buying a home?			
Buying a mobile home?			

2. Vehicle Payments:

Make	Model	Year	Monthly Payment	Balance Owed

3. Credit Cards (Approximate balance):

	Monthly Payment	Balance Owed

4. Finance Companies (excluding house/car):

	Monthly Payment	Balance Owed

5. Bank Loans (excluding house/car):

	Monthly Payment	Balance Owed

6. Credit Union Loans (excluding house/car):

	Monthly Payment	Balance Owed

7. Alimony / Child Support:

	Monthly Payment	Balance Owed

8. Total Income:

Your monthly income	
Spouse Income	
Other income (stocks, bonds, rental properties, etc.)	
Total monthly income	

9. Have you or your spouse ever filed a petition under any chapter of the bankruptcy code, including Chapter 7 or 13? If yes, explain.

10. Have you had your wages garnished or had any property repossessed for any reason? If yes, explain.

11. Have you ever had a lien placed against your property for failing to pay taxes or other debts? If yes, explain.

12. Are you now or have you ever been delinquent on any debt? If yes, explain.

13. Outline your savings and investment plan for the future. Additionally, if you have debt, what is your reduction plan?

14. Taking this entire application into account is there anything in your background, not mentioned, you feel we should know?

I attest that the statements and answers in all parts of this application, to the best of my knowledge and belief, are complete and true.

(SIGNATURE)

(PRINTEDNAME)

(RANK)

MEMORANDUM FOR CDR, AWG

SUBJECT: Polygraph Examination

- 1. As a requisite for consideration of my assignment to the Asymmetric Warfare Group, I, the undersigned, voluntarily consent to submit to polygraph examination(s) as deemed necessary by the Commander, AWG.
- 2. I further understand that refusal to submit to polygraph examination(s) will prevent favorable consideration of my request for assignment to or continued retention in AWG. I certify that this is a voluntary statement and no one has forced me to sign it.

(SIGNATURE)

(PRINTEDNAME)

(RANK)

WITNESSEDBY:

(SIGNATURE)

(PRINTED NAME)

Data required by the Privacy Act of 1974.

AUTHORITY: Title 44, USC 31
PRINCIPAL PURPOSE(S): Provide personnel data.
ROUTINE USES: Grants consent for Polygraph Examination.
MANDATORY OR VOLUNTARY: VOLUNTARY, Individuals who do not grant permission for Polygraph Examination cannot be considered for assignment to AWG.

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization that show my signature are valid. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)		Full name (Type or print legibly)		Date signed (mm/dd/yyyy)	
Other names used			Date of birth	DOD ID number	
Current street address	Apt. #	City (Country)	State	ZIP Code	Home telephone number



DEPARTMENT OF THE ARMY
ASYMMETRIC WARFARE GROUP
2270 ROCK AVENUE
FORT GEORGE G. MEADE, MD 20755-5355

ATAW

24 October 2017

MEMORANDUM FOR RECORD

SUBJECT: Commander's Evaluation for Acceptance to Attend Asymmetric Warfare Group Assessment and Selection Course

1. Recently, a member of your command has applied to attend the Asymmetric Warfare Group Assessment and Selection Course. Often times, individual records do not adequately reflect important information deemed essential to the application review process used in determining best-qualified applicants for course attendance.
2. I value and weigh heavily your opinion as a commander. I appreciate your assistance in promptly completing this questionnaire. Please place this evaluation in a sealed envelope and return to the applicant, so that it may be added to their application packet. You may also scan and email your evaluation without showing your comments to the applicant at army.awg.recruiting@mail.mil.
3. If I can assist you, in anyway, please contact my recruiting team at 301-833-5366 or email army.awg.recruiting@mail.mil.

A handwritten signature in blue ink, appearing to read "T. O'Brien", with a long horizontal line extending to the right.

TIMOTHY F. O'BRIEN
COL, IN
Commanding

(APPLICANT'S NAME: LAST, FIRST, MI)

(RANK) (MOS/Branch)

DESIRABLE INDIVIDUAL QUALITIES

- A self-starter, capable of working with little, if any, supervision for long period of time.
- Willing to work long hours.
- Intelligently interprets orders and regulations.
- Creative and organized.
- Capable of communicating at all levels.
- High moral character.
- Free of family/marital problems.
- Free of drug and alcohol problems.
- Free of financial problems.

IMMEDIATE UNIT COMMANDER'S EVALUATION - CIRCLE APPROPRIATE RESPONSE AND ADD SUPPORTING COMMENTS AS NEEDED.

1. The volunteer (does / does not) have a record of repetitive civil or military offenses.

2. The volunteer (is / is not) financially responsible.

3. The volunteer (does / does not) have marital problems that have been brought to my attention.

4. The volunteer (is / is not) reliable and emotionally stable.

5. The volunteer or his dependent(s) (do / do not) have serious medical problems that have been brought to my attention.

EVEN MORE IMPORTANT WILL BE YOUR CANDID AND SPECIFIC COMMENTS ANSWERING THE FOLLOWING QUESTIONS:

1. Do you recommend this volunteer for assignment to the Asymmetric Warfare Group? If so, why?

2. Approximately how long have you known this volunteer?

3. What do you feel are the volunteer's major strengths?

4. What do you feel are the volunteer's major weaknesses?

5. Based on present potential, what position or level of responsibility do you expect the volunteer to achieve in his career?

6. How does the volunteer interact with others on-duty?

Check one: VeryPositive Positive Average BelowAverage Poor
Comments:

7. How does the volunteer interact with others off-duty?

Check one: VeryPositive Positive Average BelowAverage Poor
Comments:

8. How would you feel if you were to go into combat with the volunteer as a member of a small team?

Check one: Very Comfortable Comfortable Indifferent Uneasy Very Uncomfortable
Comments:

9. All things considered, how does this person's ability and potential compare to others of the same rank with whom you are acquainted?

Check one: Outstanding (Top 5%) Excellent (Top 15%) Good (Top 1/3) Average (Middle 1/3) Poor (Bottom 1/3)

10. What is the volunteer's most current APFT score? Date of APFT:

Push Ups: Sit Ups: 2 Mile Run:

11. What level Security Clearance does the volunteer currently possess?

None Interim Level Secret Top Secret TS-SCI

12. If soldier does not possess a clearance, would you recommend the BN Commander grant an Interim level clearance?

13. What additional information about the volunteer do you feel we should know?

COMMANDER'S INFORMATION:

NAME:

RANK:

UNIT:

POSITION:

EMAIL:

PHONE:

SIGNATURE _____ **DATE** _____

Data required by the Privacy Act of 1974

AUTHORITY: Title 44, USC 3101

PRINCIPAL PURPOSE: Commander's Evaluation

ROUTINE USES: Commander's Evaluation for the Asymmetric Warfare Group

MANDATORY OR VOLUNTARY: Mandatory, if volunteer is to be considered for Training/Selection.