Application Package Checklist		
Name: DoD ID:	Rank: Unit:	UIC:
☐ Resumé		
<ul> <li>DA Form 1058 (dated SEP 2017) - Application for ADOS Orders (see "HOW TO" for additional instruction)</li> <li>Approved and signed by unit commander</li> <li>Readiness NCO verify all information, sign and date by "records custodian"</li> <li>Form accepted by Air Force members as well</li> </ul>		
<ul> <li>Commander's Letter of Recommendation</li> <li>Signed by current unit Commander</li> <li>Units will carry these individuals as "C accountability</li> </ul>	<del></del>	dance" on the DA Form 1379 for purposes of
Security Clearance Verification Stateme - Must clearly state: - Clearance type - Type of investigation - Date clearance granted - Date investigation completed - Date clearance will expire	<b>nt Memo</b> (from ur	nit security manager)
Police Record Check DD Form 369 (APR - Fill and sign SECTION I & II (Blocks 1 - Submit the signed copy to Counterdru	-9, sign block 11)	n and checked by <u>COUNTERDRUG PROGRAM</u>
<ul> <li>Army National Guard</li> <li>Individual Medical Readiness (IMR) pr</li> <li>PT test - DA Form 705</li> <li>HT/WT - DA Form 5500/5501, if require</li> </ul>		(see "HOW TO" for print-out instruction)
<ul> <li>Air National Guard</li> <li>PIMR - Preventive Health Assessment</li> <li>Air Force Fitness Management Printon</li> </ul>		edical Readiness
☐ <b>HIV Test</b> (within 2 years prior to start date of	of duty)	
<ul> <li>Pregnancy Test (For orders 30 days or mo</li> <li>Must be conducted 15 days prior to du</li> </ul>	• • • • • • • • • • • • • • • • • • • •	ara. 10-6)
☐ NO pre-existing or outstanding medical	issues that requ	ire follow-up, to include a temporary profile
<ul> <li>Permanent Profile – DA Form 3349, if apple – DA Form 3349 (Army NG)</li> <li>AF Form 422 (Air NG)</li> </ul>	plicable	
☐ Retirement Points Accounting Managem	nent RPAM – 23 <i>F</i>	(print out within 30 days of packet submission)
☐ Yearly training calendar from the SM unit of assignment		

## **HOW TO:**

- ❖ DA Form 1058 (dated SEP 2017) Application for ADOS Orders
  - a. PART I APPLICANT:
    - Block 1: Counterdrug Program HQ @ 4105 Reedy Creek Road, Raleigh, NC 27607
    - Block 2b: If Air Force, leave blank and add "ANG" to remarks in block 31
    - Block 19a: In the "NUMBER OF DAYS" block add from date the form is signed by you to end of fiscal year. "BEGINNING DATE/TIME" is the date you signed the form. Find the "LOCATION" from job announcement.
  - b. PART II RECORDS CUSTODIAN: (Unit can assist)
    - Complete blocks out block 21-33c
    - Signed by unit commander and records custodian.
  - c. \*\*IMPORTANT\*\* Block 31 REMARKS the <u>highlighted</u> writing must be added in the block 3. It is used to identify if any break is needed prior to start of duty.

ADDITIONAL REMARKS:

Identify Break in Service. Used to verify last 31-Day Break in Active Federal Service (AFS)

- (a) Beginning Date of the most recent break in AFS of 31 days or more: \_\_\_\_
- (b) Ending Date of the most recent break in AFS of 31 days or more:
- (c) Numbers of Days
- DD Form 369 (dated APR 2019)
  - a. SECTION I
    - Complete blocks 1-9
      - Ensure to input the date (block 1 at the top of the form)
      - Ensure to spell out all names in block 2, no initials.
      - If married, include your maiden name in block 2.
      - Ensure to mark both 6a (Ethnic Category) and 6b (Racial Category)
      - Leave block 10a-d blank.
  - b. SECTION II
    - Sign block 11.
- Medical Protection System (MEDPROS) Individual Medical Readiness (IMR)
  - a. Log into AKO => Self Service => My Medical => click on "MEDPROS"
  - b. Under forms "IMR record" and print (print out needs to be within 30 days of packet submission)