

U.S. ARMY NATIONAL GUARD CYBER OFFICER DIRECT COMMISSIONING APPLICATION



APPLICATION PACKET CHECKLIST:

- 1. Completed/signed Cyber Officer Direct Commissioning Application.
- 2. Up-to-date resume/curriculum vitae.
- 3. Diploma and college/university transcripts showing GPA and degree completion (student or unofficial copies are sufficient for the initial phase; however, certified copies may be required later). Note: Bachelor's degree is the minimum education requirement for direct commissioning.
- 4. If applicable, DD214 reflecting honorable military discharge or appropriate discharge/separation documentation for Guard or Reserve military service.
- 5. Proof of relevant professional certification and/or certificates of completion for training.
- 6. No more than three (3) letters of recommendation or reference.

IMPORTANT NOTES:

- Applicants must be a U.S. Citizens; Non–U.S. Citizens or Dual Citizens are ineligible.
- > Please redact social security number and/or DoDID number from all submitted documents.
- After your application is submitted, you will receive an email confirming receipt of your application packet within seven (7) business days. Additional instructions and packet status notifications will follow, if/when appropriate. If receipt of your packet is not confirmed as noted, please feel free to follow-up in a separate email.
- ➤ If your education and experience align well with specified requirements, you will be contacted to further discuss the process. Thank you for your interest in the Army National Guard Cyber Officer direct commissioning opportunity!

Send completed application packet to the following mailbox:

ng.ncr.ngb-arng.mbx.direct-commission-cyber@army.mil

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BASIC INFORMATION								
Demographic questions are optional, but your answers are requested to assist us with program management and application processing. Carefully review the acknowledgment statement. Sign and date form when completed.								
First: M		MI:		Last:				
Sex:	Age:	Race/Et	Race/Ethnicity:					
Current City:		State:						
Phone:		Email:						
Citizenship Status: Note: Non-U.S. citizens and dual citizens are ineligible for this program.								
How did you hear about this program?								
Have you ever been convicted of a crime? YES NO								
If yes, please describe the crime, state nature of the crime(s), when and where convicted, and disposition of the case:								
If accepted, are you willing to submit to and pass a controlled substance test? YES NO								
Do you currently hold a valid security clearance? YES, level:								
How would you rate your current health?								
Note: Certain conditions may disqualify people from entering military service (e.g. ADHD requiring medication, depression, obesity, major health issues). Speak with a recruiter for advice early in the application process if you believe you may have a disqualifying condition.								

COMMISSIONING PATH						
I am seeking commission into:						
I am applying for:						
Note: Acceptance for direct commissioning will be based on meeting specific education and experience requirements combined with position availability at the State Army National Guard level.						
Why do you believe you should receive a direct commission as a Cyber Officer? Answer in paragraph format.						
EDUCATION AND TRAINING						
Include a copy of all college transcripts, professional certifications, course completion certificates, etc. List most recent education first.						
PhD/Doctorate						
School Name:						
Degree Awarded:	Graduation Date:					
Masters						
School Name:						
Degree Awarded:	Graduation Date:					
Baccalaureate						
School Name:						
Degree Awarded:	Graduation Date:					
Associates						
School Name:						

Degree Awarded:

Graduation Date:

Professional Certifications								
MILITARY SERVICE								
1	DD214 (Proof of Military Sece/discharge, if applicable.	ervice) and/or oth	her official document	s confirming				
Status:			Branch:					
Rank/Grade:	Total Years of Service	Total Years of Service (from DD214):		Month(s)				
MOS/AOC/FA:		Discharge Type:						
EMPLOYMENT DAT	TA							
List contact information for your last three (3) employers.								
1. Company Name:								
Position Title:	Position Title:		Supervisor Name:					
Phone:	Email:	Dates of Employme	ent: TC)				
2. Company Name:								
Position Title:	Position Title:		Supervisor Name:					
Phone:	Email:	Dates of Employme	ent: TC)				
3. Company Name:								
Position Title:		Supervisor Na	Supervisor Name:					
Phone:	Email:	Dates of Employme	ent: TC)				
ACKNOWLEDGMEN	NT							
I certify the information	provided in this application fo	orm/packet is true	, accurate, and comple	ete. I understand				
	fraudulent information may l							
	ined prior to commissioning.			-				
	application process may lead			-				
Furthermore, I authorize	the verification of all informati	on provided in this	application form ana p	acket.				
Signature:			Date:					