ALASKA STATE DEFENSE FORCE 49th BDE



Application Packet

(Revision 25 August 2023)
All previous editions of this form are obsolete.

Eligible applicants shall be:

- A citizen of the United States of America
- A citizen of the State of Alaska
- At least 18 years of age

A person shall not apply to or enter the Alaska State Defense Force if they:

- Refuse to submit a complete application packet including all required attachments.
- Refuse to submit to a background investigation, mental health evaluation and a Drug and Alcohol test.
- Have a record of mental illness, insanity or emotional instability.
- Are not of good moral character or temperate habits.
- Are a subversive or disloyal person.
- Are currently a member of any of the Armed Forces of the United States, any reserve component thereof, or the Organized Militia of any other state, except that retired officers and enlisted personnel of the Regular or Reserve components of the Armed Forces of the United States may be commissioned or enlisted if otherwise qualified.
- Are a former member of the Armed Forces of the United States, including the reserve components thereof, or the State Defense Force or militia of another state, whose last period of services was not honest and faithful, did not receive an honorable discharge, or whose Discharge Certificate bears the notation of "Not Recommended for Reenlistment" or "Not Recommended for Further Military Service."
- Are a deserter from any of the Armed Forces of the United States, including the reserve components thereof, or the State Defense Force or militia of another state.
- Have been convicted of a felony.
- Have been convicted of a crime involving:
 - Domestic violence
 - Violation of a Protective Order
 - Misconduct Involving a Controlled Substance
 - Assault, violence, or serious physical injury to another person.
 - Two or more operating under the influence (OUI) or chemical test refusals (during the past 10 years.)
 - Or any crime that has the potential to diminish military and public confidence in the Alaska State Defense Force.
- Have violated any Alaska Statue regarding offences against public administration or engages in activities which constitutes official misconduct within the Alaska Statues.
- Or subject to any other criteria prohibiting the commissioning, warranting, enlistment or retention as published in the ASDF PAM 10-1.
- Engage in Misconduct Involving a Controlled Substance (MICS.) MICS and use of marijuana shall result in an administrative separation process, regardless of state law.

Alaska State Defense Force (ASDF) Application Instructions

This application packet consists of several pages. For consideration please complete all sections and answer all questions. If a question or section does not pertain to you, please mark that field as Not Applicable or N/A. Please follow these directions and do not leave any section blank. Part of the application process is the evaluation of your ability to follow directions. If you fail to: follow directions, submit a complete application, or submit all required documentation your application may be rejected or the application process might be delayed. Omitting information may result in your application being denied. Falsifying information shall result in your application being denied.

Your application may take up to 90 days to process. Additional time may be required if the application is incomplete or other delays are encountered such as difficulty contacting your references or verifying information. Under most circumstances you will be invited to attend the ASDF monthly drills *in civilian clothes* after your application has been received by the S-1 and prior to your application being completely processed. Once your application is approved you must wear the appropriate uniform and maintain appropriate personal grooming standards during all drills, exercises, missions or when representing the ASDF.

Once you have been sworn in, you shall complete the ASDF Noncommissioned Officer Leadership Academy or Officer Candidate School within 18 months.

The ASDF is rich in Alaskan history.

In 1942 the Alaska Territorial Guard (ATG) was organized by the territorial governor in response to attacks on US soil and the occupation of Atka and Attu, Alaska by hostile forces during World War II. The ATG served in a defensive role until 1947.

Alaska Statute Title 26 establishes the Alaska militia and divides the militia into two classes: the organized and unorganized militia. The organized militia of the State of Alaska consists of the Alaska National Guard, Alaska Naval Militia and the Alaska State Defense Force (ASDF).

The ASDF was reestablished in 1984 by Governor Bill Sheffield and is a volunteer organization whose primary role is to augment and support the Alaska National Guard. The ASDF responds during domestic emergencies, natural disasters and when called up by the Governor of the State of Alaska. Men and women join the ASDF for many reasons; however most participate out of a desire to make a meaningful contribution to the safety and security of their state and nation. Many members have prior military experience and by regulation the ASDF must be composed of at least 75% of personnel with prior federal military experience. Exceptions may be made for individuals with needed professional skills.

Members of the ASDF are truly volunteers as no funds are provided for monthly drills or training however ASDF members may be compensated if called to State Active Duty by the governor. Members have the honor of wearing, while on duty, a uniform similar to that worn by the Army National Guard and U.S. Army.

STATE OF ALASKA

Department of Military and Veterans Affairs Alaska State Defense Force 49th BDE Alcantra Armory 3401 Bogard Road Wasilla, AK 99654-48099 Phone: (907) 357-3250 Fax: (907) 357-3242

Alaska State Defense Force Application Checklist

Name: (Last)	(First)	(Middle)	(Si	uffix)
All relevant documents must	be completed a	and attached to this de	ocument	
Action Desc	cription		Complete	Verified by
ReadInstr	ructions			
ReadHist	ory of the Alask	a State Defense Ford	e 🗌	
Read and complete Che	eklist			
Fill out and sign*Con	sent & Declarat	ion form		
Fill out and sign*App	lication			
AttachResu				
AttachTwo	(2) letters of re	ecommendation		
AttachCrin	ninal History Re	eport**		
AttachCop	y of DD214(s)*	**		
AttachCop				
AttachCop	y of Training C	ertificate(s)		
AttachCop	y of Current Sta	ite of Alaska ID		
AttachCop	y of Social Secu	ırity Card		
Obtain, sign & attachIRS	W4 (available a	nt www.irs.gov)		
* Fill out in advance and	either sign in fr	ont of an ASDF offic	cer or Notar	y Public.
** You must provide a cur available through the A			al record che	ecks are
*** If you have prior milita certificates of training.	ry service you	must include a copy of	of your DD2	14(s) and
	Do Not Write	Below This Line		
Application approved by BN	. CO.		Date:	
approacion approved by Bro				
Application submitted to S-1	by:		Date:	
Application reviewed by S-1	staff:		Date:	
Academy matrix signed off b	oy:		Date:	

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Agreement of Understanding and Consent to Obtain Information

I understand that approval of my application, as Alaska State Defense Force Officer/Warrant Officer/Enlisted member is contingent upon satisfactory review of my background history, record of military service, and references. In accordance with the above stated background, I waive without any reservations whatsoever, my rights of privacy under any Federal, State, or local law or constitutional provision thereof, fully and freely, and grant permission for the Adjutant General of the State of Alaska, his designee, or personnel of the Alaska State Defense Force, to obtain necessary background information from any Federal, State, or local government agencies, business entity or individual, as shall be necessary. I specifically authorize and direct any of the above stated entitles to provide such information. Should any information surface that would preclude favorable consideration and go unresolved to the satisfaction of the S-1, I shall withdraw my application and resign any position to which appointed.

Declaration of No Domestic Violence

I certify that I have never been convicted of the crime of Domestic Violence. I understand that I make this certification under penalty of perjury. Should I be convicted of a crime of Domestic Violence I shall withdraw my application or resign from any position to which appointed.

Consent to Initial and Random Drug/Alcohol Testing

I consent to an initial Drug/Alcohol Test upon application to the ASDF, to be conducted by competent and authorized medical testing authorities. I further authorize and consent to random Drug/Alcohol testing by competent and authorized medical authorities. I understand that my eligibility and retention in the ASDF shall be based on negative test results. Should any negative information surface and go unresolved to the satisfaction of the S-1, I shall withdraw my application and/or resign any position to which appointed.

Applicant's Name:			Date:
Applicant's Signature:			
ASDF Witness:	Rank:	(AK)	Date:
ASDF Witness Signature:			

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PERSONAL INFORM	MATION				
Last:	First:		MI:	Suffix	
AKA:	DOB:		Gender:	Weight:	
SSN:	Eye:		Hair:	Height:	
	Blood Type:		Race:		
Language(s) Spoken: Email:					
Home #	Work #		Mobile #		
Physical Address:				Unit:	
City:		State: Zip:		Zip:	
Mailing Address:				Unit:	
City:		State:		Zip:	
EMPLOYMENT					
Employer:					
Position:			How l	ong: Yrs. Mo.	
Supervisor:	Work #	Work # Mo		e #	
Physical Address:				Suite:	
City:		State:		Zip:	
Previous employer(s) if		ne current emp le with Resume	oloyer for less	than 10 years:	
EMERGENCY CON	ГАСТ				
Name: Last	First	M	I	Suffix	
Home #	Work #		Mobile #		
Physical Address:				Unit:	
City:		State: Zip:		Zip:	
Relation to you:					

Are you a United States Citizen?	Yes	☐ No	
Have you enrolled with SSS (Selective Service System)	Yes	☐ No	
Have you ever been arrested?	Yes	☐ No	
If Yes, explain:			
Have you ever been convicted of a misdemeanor crime?	Yes	☐ No	
If Yes, explain:			
Have you ever been convicted of a felony crime?	Yes	☐ No	
If Yes, explain:			
Do you have a High School Diploma or GED?	Yes	☐ No	
Did you graduate from college?	Yes	☐ No	
School: Degree:			
Are you presently a member of any law enforcement agency?	Yes	☐ No	
If Yes, explain:			
Are you presently a member of U.S. armed services?	Yes	☐ No	
If Yes, explain:			
Do you have a <i>prior</i> military background?	Yes	☐ No	
Branch: Rank: SN:			
Time in Service: Y: M. D: MOS:			
Do you agree to participate in monthly drills?	Yes	☐ No	
If No, explain:			
Do you understand that if you do not participate you may be discharged?	Yes	☐ No	
What organizations do you belong to:			
Are you physically able to safely and effectively deploy to the field? Yes			
If No, explain:	_		
Are any accommodations needed for you to deploy to the field?	Yes	∐ No	
If Yes, explain:			
Do you have any significant medical conditions?	Yes	∐ No	
If Yes, explain:			
Do you have any allergies?	Yes	∐ No	
If Yes, explain:			
Are you on any medications?	Yes	∐ No	
If Yes, explain:			
DEPLOYABLE STATUS			
Do you have a complete 72-hour deployment kit?			
How many hours will it take for you to be ready to deploy with your 72-hour pack?			
\square < 1 hrs \square 1-2 hrs \square 2-4 hrs \square 4-8 hrs \square 12 hrs \square 24 hrs \square >24 hrs			
What is the maximum length of time you can stay activated (mark one			
☐ 24 hrs ☐ 48 hrs ☐ 72 hrs ☐ 7 days ☐ 14 days ☐ 3	0 days	45 days	

I certify that all information in this application is true and correct to the best of my knowledge. Further, I agree that by signing this application I waive my rights of privacy under federal, state or local law or constitutional provision thereof, fully and freely, and grant permission for the Adjutant General of the State of Alaska, his designee or authorized personnel of the Alaska State Defense Force, to obtain necessary background information from any federal, state, or local government agencies, business entity or individual, as shall be necessary. I specifically authorize all of the above entities to provide such information. Should any information surface that would preclude favorable consideration, I shall withdraw my application.

Applicant's Name:	Date:
Applicant's Signature:	
ASDF Witness:	Rank: (AK) Date:
ASDF Witness Signature:	
criminal history report and certify that I in the Alaska State Defense Force per the I further certify that the application pack the applicant attached. Also attached is a	ed this application, including the applicant's have found the applicant qualified for enlistment he requirements of ASDF Regulation 600. Ket is complete with all required documents from a completed and signed Personnel Action Request application packet be forwarded to the S\-1 for
BN Commander:	Rank: (AK) Date:
BN Commander Signature:	
I CERTIFY THAT THE BACKGRO	PPLICANTS DO NOT WRITE BELOW THIS LINE OUND OF THIS APPLICANT HAS BEEN BEEN DISCOVERED TO PREVENT SKA STATE DEFENSE FORCE.
S-1 (Printed):	Date:
S-1 Signature:	
S-2 (Printed):	Date:
S-2 Signature:	

BRIGADE S-1 CONTACT I				
Full Name:				
Rank:				
Mailing (Postal) Address:	Street/P.O.Box			
	Apt.	State	Zip Code	
Mailing (Physical) Address:	Street/P.O.Box Apt.			
Home Phone:	City	State	Zip Code	
Your Cell Phone:				
Work Phone:				
Email Address(es):				
Spouse Name:				
Cell Phone:				
Email Address:				
Place of Work:				
	Street/P.O.Box			
	Apt. City	State	Zip Code	