ANNEX ______ DD FORM 4

ARMY NATIONAL GUARD CIVILIAN ACQUIRED SKILLS PROGRAM AGREEMENT

The proponent agency is ARNG-HRH. The prescribing directive is the ARNG (FY) Enlistment Criteria Policy.

PRIVACY ACT STATEMENT

1. AUTHORITY: Title 10 USC Section 12101 and 12103, Title 32 USC Section 301 and 304.
2. PURPOSE: Specify agreement as a part of enlistment in the Army National Guard. This Annex becomes part of the DD Form 4. The original will be maintained in the Soldiers Official Military Personnel File or electronically filed in a DoD approved system. A copy will be maintained by the MILPO for state records. For organizational use only.
3. ROUTINE USES: None.
4. DISCLOSURE: Voluntary; However, if information is not provided you will not be accepted for enlistment in the Army National Guard.

TO BE COMPLETED BY THE SERVICE ACCEPTANCE OFFICIAL

1. In connection with your enlistment/reenlistment in the Army National Guard Civilian Acquired Skills Program (CASP); you are hereby enlisting/reenlisting for the following: (Review information provided in the ARNG (FY) Enlistment Criteria Policy, Table 3-3, before signing this form).

   Option 1: Enlistment/reenlistment for CASP MOS _______________ with appointment to pay grade __________ upon completion of basic training and proficiency training of Initial Active Duty for Training (IADT), minimum 12 weeks.

   Option 2 or 4: Enlistment/reenlistment for CASP MOS _______________ with appointment to pay grade __________ upon completion of basic training and prerequisite Advanced Individual Training (AIT) and Initial Active Duty for Training (IADT).

   Option 3: Enlistment/reenlistment for CASP MOS _______________ with appointment to pay grade __________ upon completion of basic training, Initial Active Duty for Training (IADT), followed by at least 48 hours of proficiency training during Inactive Duty Training (IDT).

   Option 5: Enlistment/reenlistment for CASP MOS _______________ with appointment to pay grade __________ upon completion of basic training (if required), or prerequisite training (if required), or combination of both (if required), and completion of Initial Active Duty for Training (IADT).

   Option 6: Enlistment/reenlistment for CASP MOS _______________ with appointment to pay grade __________ upon enlistment.

2. In connection with your enlistment or reenlistment, the following additional agreements are acknowledged:

   a. I fully understand the training requirements specified for the option selected.

   b. I understand I may be deferred accelerated appointment up to four additional regularly scheduled training assemblies, following my period of proficiency training (Option 3), should it be warranted.

   c. I understand I may be denied accelerated appointment should I fail to demonstrate proper conduct during proficiency training or demonstrate the required level of performance for my CASP MOS.

   d. I understand deferred or denied accelerated appointment will not constitute a breach of contract nor result in an unfilled agreement.

   e. I understand that my subsequent promotion after special CASP accelerated appointment will be in accordance with normal requirements of AR 600-8-19.

   f. I understand my civilian skill as (a) (an) _____________________________ will be recognized upon enlistment and during my service in the Army National Guard (For MOS 98G only).

3. I have read and understand each of the statements above. Any other promise, representation or commitment made to me in connection with my enlistment or reenlistment for the Civilian Acquired Skills Program is written below in my handwriting, or here waived. (If None, write "NONE").

TO BE COMPLETED BY ALL APPLICANTS ENLISTING FOR THIS PROGRAM

AUTHENTICATION

Typed Name and Grade of Enlisting Official: 

Signature & Date: 

Typed Name of Applicant: 

Signature & Date: 

Unit Name and Address (For which enlisted): 

(Previous editions are obsolete.)