## 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.

4. DISCLOSURI	E: Voluntary; However, if information is not provided you will not be accepted	or enlistment in the Army National Guard.	
TO BE COMPLETED BY THE SERVICE ACCEPTANCE OFFICIAL			
	with your enlistment/reenlistment in the Army National Guard Civilian Acquired vinformation provided in the ARNG (FY) Enlistment Criteria Policy, Table 3-3,		
Option 1:	Enlistment/reenlistment for CASP MOS with appoin and proficiency training of Initial Active Duty for Training (IADT), minimum 12		
Option 2 or 4:	Enlistment/reenlistment for CASP MOS with appoin and prerequisite Advanced Individual Training (AIT) and Initial Active Duty for		
Option 3:	Enlistment/reenlistment for CASP MOS with appoin Initial Active Duty for Training (IADT), followed by at least 48 hours of proficient		
Option 5:	Enlistment/reenlistment for CASP MOS with appoin (if required), or prerequisite training (if required), or combination of both (if red		
Option 6:	Enlistment/reenlistment for CASP MOS with appoin	ntment to pay grade upon enlistment.	
	TO BE COMPLETED BY ALL APPLICANTS ENLI	STING FOR THIS PROGRAM	
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) Army National Guard (For MOS 98G only).	_ will be recognized upon enlistment and during my service in the	
	nd understand each of the statements above. Any other promise, representati r the Civilian Acquired Skills Program is written below in my handwriting, or he		
	AUTHENTICATION		
yped Name and G	rade of Enlisting Official:	Signature & Date:	
7,			
Гуреd Name of Applicant:		Signature & Date:	
Jnit Name and Add	ress (For which enlisted) :	1	