



DEPARTMENT OF THE ARMY
HQS, 3D U.S. INFANTRY REGIMENT (THE OLD GUARD)
201 JACKSON AVENUE
JOINT BASE MYER-HENDERSON HALL, VA 22211

REPLY TO
ATTENTION OF

ANOG-REC

MEMORANDUM FOR: Prospective Applicant

Thank you for your interest in The Old Guard, “The Official Escort to the President”. The following packet includes all of the information necessary to be considered for selection and assignment to The Old Guard. The following criteria must be met for consideration:

Height:

Males: 5-10’ (70 inches) and above

Females: 5-8’ (68 inches) and above

Minimum GT Score of 110 (Waivable based on Whole-Soldier Concept)

No Civil Convictions or UCMJ

No Drug or Alcohol related incidents

Minimum PT Score of 230 (Recommend 270 or above for NCOs)

Must meet all Army height and weight standards and look like a Professional Soldier

No movement restrictive profiles, shaving profiles or haircut profiles

Must be a US Citizen

Must be Active Duty, Regular Army

Deployed within the last 36 months is preferred

Must have a stable financial background

***Exceptions are made for EXCEPTIONAL SOLDIERS.**

Please email a complete packet.

Packets that are missing any of the REQUIRED information will be discarded. A complete packet will possess the following:

PACKET CHECKLIST

- ___ DA Photo (Digital Photo in the APFT Uniform if deployed.)
- ___ ERB
- ___ Two Letters of Recommendation (E-4 and below only by Platoon Sergeant and above)
- ___ Last three NCOER's (CSM/LTC Letters of Recommendation if less than 2 Years of NCOERs exist).
- ___ Height and Weight Statement filled out by a PA for ALL Soldiers (DA Form 5500)
- ___ APFT Scorecard (DA Form 705) signed by 1SG/Commander
- ___ Completed questionnaire and signed Volunteer Statement
- ___ Completed DA Form 4187 signed by COL or higher (when in a FENCED unit)

If you have any questions regarding the application or application process feel free to call The Old Guard Recruiting Office at COMM (703) 696-3007 or DSN 426-3007.

Hector Milian
SFC, USA
Recruiting NCOIC



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HQS, 3D U.S. INFANTRY REGIMENT (THE OLD GUARD)
201 JACKSON AVENUE
JOINT BASE MYER-HENDERSON HALL, VA 22211

ANOG-REC

SUBJECT: Unit Commander's Candidate Checklist for The Old Guard

The purpose of this document is to assist the unit in preparing Soldiers for assignment to the 3d U.S. Infantry Regiment (The Old Guard), while providing one single document with appropriate attachments. **A copy of this checklist must be emailed to The Old Guard.** Failure to return this checklist will result in re-assignment of orders to the needs of the Army. Old Guard Candidates reporting for assignment must also have a copy of this signed Commander's checklist in his/her possession. If you have any questions regarding the checklist or application process feel free to call The Old Guard Recruiting office at COMM (703) 696-3007 or DSN 426-3007

PERSONAL DATA SHEET
DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: **Title 5 United States Code, Section 301**

PRINCIPAL PURPOSE: To evaluate applicants potential for assignment to the 3d U.S. Infantry Regiment (The Old Guard).

ROUTINE USES: To aid The Old Guard Commander or his representative in determining if applicant is qualified for assignment under the provisions of AR 614-200.

DISCLOSURE: Providing information is voluntary. Failure to provide all or part of the requested information may prevent a decision as to the applicant's eligibility.

Name: _____ SSN: _____ - _____ - _____

Unit Mailing Address: _____

Email (AKO) _____ (Personal) _____

Phone(W): (_____) _____ MOS: _____ Rank: _____

BASD: _____ ETS: _____ Race _____

Height: _____ Weight: _____ Last PT Score: _____ GT Score: _____

SIZES

Waist: _____ Blouse: _____ Hat: _____ Shoe: _____
Glove _____

Marital Status: _____ Number of Dependents: _____ MACP: _____

LAST NAME

FIRST

MI

SSN

RANK

Please answer all questions and explain if necessary.

1. Are you a Citizen of the United States of America?
 YES NO Explain: _____
2. Do you hold a Citizenship from another country?
 YES NO Explain: _____
3. Is your Spouse a Citizen of another country?
 YES NO Explain: _____
4. Have you ever had any Military Disciplinary actions taken against you? (Court Martial, Article 15, Derogatory Counseling Statement)
 YES NO Explain: _____
5. Have you ever had any Alcohol or Drug related incidents to include arrests by civilian authorities even before or after enlistment into the Army?
 YES NO Explain: _____
6. Have you ever experimented or used Drugs?
 YES NO Explain: _____
7. Have you ever received Counseling for Alcohol or Drug addiction or abuse?
 YES NO Explain: _____
8. Have you ever had a lien placed against your property?
 YES NO Explain: _____
9. Has a Collection Agency ever contacted you to pay a bill?
 YES NO Explain: _____
10. What is your current Financial Status?
 - A. Able to meet obligations. _____
 - B. Unable to meet financial obligations. _____
 - C. If unable to meet financial obligations, how far behind are you?
30 Days _____ 60 Days _____ 90 Days _____ 120 Days _____
11. Have you ever missed Alimony or Child Support Payments?
 YES NO Explain: _____
12. Do you have any Enemies? (Someone who would pursue harming you)
 YES NO Explain: _____

13. Do you now or have you ever worn earrings or gauges in your ears?

YES NO Explain: _____

13. Do you now, or have you ever had Problems with your Knees or Back?

YES NO Explain: _____

14. If you wear Glasses, will you be able to perform Ceremonies wearing Contact Lenses or nothing at all?

YES NO Explain: _____

15. Do you understand the High Cost of Living on and off base in the National Capital Region?

YES NO Explain: _____

16. Do you understand that you must have at least (E-4 and above 36 Months / E-3 and below 30 Months) remaining on your current Enlistment upon your arrival to The Old Guard or you will be required to Re-enlist or Extend to be eligible for this assignment prior to your departure from your current assignment?

YES NO Initials _____

17. Do you have any Tattoos or other Markings on your body? Are any below the wristbone or above the collarbone?

YES NO Please see Tattoo form.

18. Do you understand that if you are accepted to the Old Guard, it is your responsibility to inform us of any Physical Changes prior to your arrival as you may not meet the physical requirements to perform your duties here?

YES NO Explain: _____

19. Soldiers who received an Enlistment Bonus must have the following documents in order to ensure the timely processing of their Bonus. DD Form 4/1, 4/2, 4/2, DA Form 1966/1-6, DA Form 3286/1-7, AIT Certificate, and Orders Awarding your MOS. Initials _____

20. Do you now or have you ever had a "Shaving or Haircut Profile"?

YES NO Explain: _____

21. It is highly recommended that Soldiers traveling with Family members arrive Monday-Friday between the hours of 0700-1600 to better facilitate lodging. Transportation of your household goods can be coordinated with Transportation at 703-614-7190 or 703-806-4900. During your PCS move, if there are any issues, please call the Regimental Staff Duty at 703-696-3003. Initials: _____

SUBJECT: Unit Commander's Candidate Checklist for The Old Guard

22. Documented speech impediment?
 YES NO Initials _____

Yes No

23. Record of misconduct to include the following offenses:

- | | | |
|---|-------|-------|
| (a) Driving under the influence (DUI) | _____ | _____ |
| (b) Assault (other than subordinate, spouse, or child which
Is a permanent disqualification) | _____ | _____ |
| (c) Any drug related offense | _____ | _____ |
| (d) Larceny/theft | _____ | _____ |
| (e) Traffic violations with six or more points assessed | _____ | _____ |
| (f) Court-martial convictions | _____ | _____ |

24. Do you have an issue / problem performing missions such as Military Funerals in Arlington National Cemetery where our fallen members are laid to rest?

YES NO Explain:

25. Do you have a history of falling out of formation or passing out?

YES NO Explain:

26. Do you have any profiles to include no standing, running or marching?

YES NO Explain:

27. In the last 12 months where have you heard about the Old Guard, check all that apply:
 Stars and Stripes _____ Email _____ Face Book _____ Web Site _____ Other (explain) _____

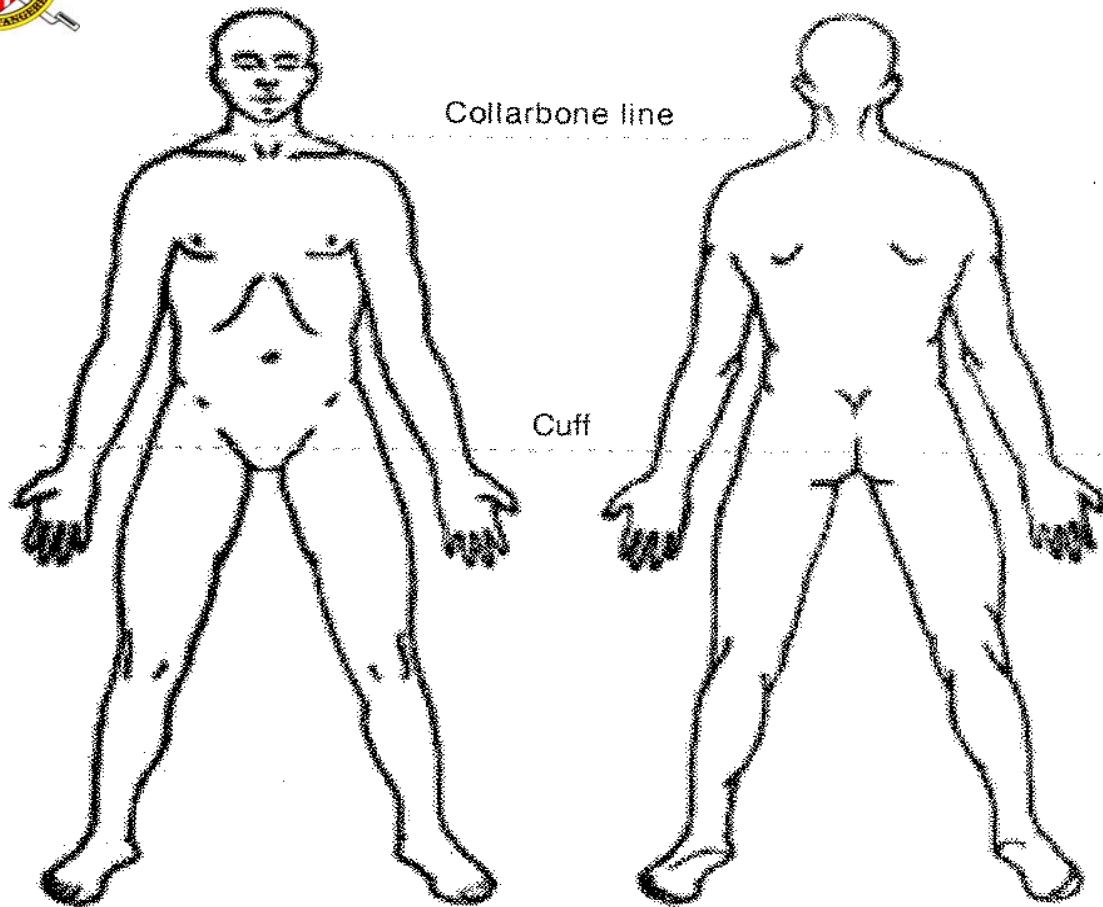
I _____ certify that my statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this application. I understand that a knowing and willful false statement can be punished under Article 107, UCMJ. I understand that intentionally withholding, misrepresenting or falsifying information may have a negative effect on my career opportunities. Additionally, I authorize disclosure of my health information contained in my AHLTA electronic file to Physicians Assistants assigned to the 3d U.S. Infantry Regiment in order to determine my medical fitness for assignment to the 3d U.S. Infantry Regiment.

Signature: _____

I understand that I have the right to revoke this authorization at any time but that any revocation may effect the screening process for acceptance into the 3d U.S. Infantry Regiment. I understand that authorizing disclosure of health information is voluntary. I can refuse to sign this authorization.



The Old Guard



In the diagram above annotate with a number where your Tattoo is located and provide a brief description of the Tattoo below with the corresponding number of Tattoo.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____



DEPARTMENT OF THE ARMY
HQS, 3D U.S. INFANTRY REGIMENT (THE OLD GUARD)
201 JACKSON AVENUE
JOINT BASE MYER-HENDERSON HALL, VA 22211

REPLY TO
ATTENTION OF

VOLUNTEER STATEMENT FOR ASSIGNMENT

TO: 3D U.S. INFANTRY REGIMENT (*The Old Guard*)

I hereby volunteer for assignment with the 3D U.S. Infantry Regiment, (The Old Guard) in accordance with AR 614-200, Chapter 8, Paragraph 8-7. I understand that The Old Guard's mission requires the highest standards of discipline, mental and physical readiness, and professionalism. I understand that my assignment to the 3d U.S. Infantry Regiment (The Old Guard) is contingent upon me meeting all prerequisites including successful completion and approval of a Presidential Support Duty Clearance. If, through my own fault I fail to meet or maintain the required physical, professional, or suitability standards, or become disqualified in any way prior to or during my tour of duty with The Old Guard, I may be reassigned in accordance with the needs of the Army. I understand that this assignment is a thirty six (36) month tour and I will extend or reenlist to meet this requirement. I volunteer of my own free will and good faith, and will uphold the standards of the regiment to the best of my abilities. I also understand that if I become unable to perform my duties I may be reassigned within the needs of the Army.

APPLICANT'S NAME (print): _____

SIGNATURE: _____

SSN #: _____

DATE: _____

SUBJECT: Unit Commander's Candidate Checklist for The Old Guard

I certify that I have verbally counseled _____ that submission of this application for service in the 3d U.S. Infantry Regiment will require an assessment of their AHLTA medical record in order to determine fitness for duty.

Commander / First Sergeant

Name: _____

Phone: _____

Signature: _____

o k # 8 O
o # o

I, _____, have personally conducted a medical screening and find this Soldier physically fit for assignment at The Old Guard. Soldier is able to stand for long periods of time as well as march in formation in both hot and cold weather environments. Soldier is also mentally fit to perform Military Funerals at Arlington National Cemetery.

Signature and title of Medical Officer: _____

NOTE: This document will be used to process any necessary waivers needed to place Soldiers on assignment to the Old Guard. YES or NO answers will not necessarily disqualify Soldiers from assignment, but failure to return the checklist will place Soldiers at the needs of the Army.

If you have any questions regarding the checklist or application process feel free to call The Old Guard Recruiting office at the following numbers:

COMM (703) 696-3007

DSN 426-3007

EMAIL- usarmy.jbmhh.mdw.mbx.tog-recruiting@mail.mil

Hector Milian
SFC, USA
Recruiting NCOIC

POLICE RECORD CHECK			1. DATE OF REQUEST (YYYYMMDD)		OMB No. 0704-0007 OMB approval expires Oct 31, 2014	
<p>The public reporting burden for this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Suite 02G09, Alexandria, VA 22350-3100 (0704-0007). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.</p>						
SECTION I - (To be completed by Recruiting Service)						
2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias)			3. SEX		4. PLACE OF BIRTH	
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		a. CITY _____ b. COUNTY _____ c. STATE _____	
5. DATE OF BIRTH (YYYYMMDD)	6.a. RACIAL CATEGORY (X one or more)			b. ETHNIC CATEGORY		7. SOCIAL SECURITY NUMBER
	<input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN			<input type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO		
8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block)				9. DATES RESIDED AT THIS ADDRESS		
a. NUMBER AND STREET (Include apartment no.)		b. CITY		c. STATE	d. ZIP CODE	a. FROM (YYYYMMDD) b. TO (YYYYMMDD)
10. PERSON MAKING THIS REQUEST						
a. NAME (Last, First, Middle Name(s))		b. RANK	c. SIGNATURE		d. TITLE	
SECTION II - (To be completed by Applicant)						
PRIVACY ACT STATEMENT						
<p>AUTHORITY: 10 U.S.C. Sections 136, 504, 505, 12102; 14 U.S.C. Sections 351 and 632; DoDI 1304.2; DoDI 1304.26; AR 601-270; OPNAVINST 1100.4C Ch-1; AFI 36-2003_IP; MCO 1100.75E; COMDTINST M 1100.2E; AR 601-210; and E.O. 9397, as amended (SSN).</p> <p>PRINCIPAL PURPOSE(S): The information collected on this form is used to screen and identify applicants to the Armed Forces who may have discreditable involvement with the police or other law enforcement agencies. Completed forms are used to conduct background records checks used to determine eligibility of applicants for accession into the Armed Forces. Completed forms are covered by recruiting and official military personnel SORNs maintained by each of the Services.</p> <p>ROUTINE USE(S): DoD "Blanket Routine Use" 2, Disclosure When Requesting Information Routine Use, specifically applies: A record from a system of records maintained by a DoD Component may be disclosed as a routine use to a Federal, State, or local agency maintaining civil, criminal, or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to a DoD Component decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant, or other benefit. The DoD Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection.</p> <p>DISCLOSURE: Voluntary. However, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States. An applicant's SSN is used to conduct the police records check and keep all records together during the enlistment process.</p>						
<p>The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Making a knowing and willful false statement on this DD Form 369 may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignment, security clearances, court martial and administrative proceedings, etc.</p>						
11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.				SIGNATURE		
SECTION III - (To be completed by Police or Juvenile Agency)						
<p>The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.</p>						
12. DOES THE APPLICANT HAVE A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, what was the offense or charge, date, disposition and sentence?)</i>						
13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? <i>(If YES, give details.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO						
THIS IS TO CERTIFY THAT THE ABOVE DATA, AS CORRECTED, ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.						
14. DATE (YYYYMMDD)		15. TITLE		16. VERIFIED BY (Signature)		
LAW ENFORCEMENT AGENCY MAIL TO:				RECRUITING AGENCY MAIL FROM:		
<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>		

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Commander 3D U.S. INF REGT (The Old Guard) 201 Jackson Ave Fort Myer, VA 22211	2. TO (Include ZIP Code) Commander, HRC-Fort Knox ATTN: AHRC-EPA-I, The Old Guard LNO 1600 Spearhead Division Avenue Fort Knox, KY 40122	3. FROM (Include ZIP Code) YOUR CURRENT BATTALION ADDRESS
---	--	--

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) YOUR INFORMATION HERE	5. GRADE OR RANK/PMOS/AOC YOUR RANK AND MOS HERE	6. SOCIAL SECURITY NUMBER 123-45-6789
--	---	--

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	Assignment to The Old Guard

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
---	---------------------

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

- Request assignment instructions to the 3D U.S. Infantry Regiment (The Old Guard)
- I understand that if I am accepted to The Old Guard I will incur a service remaining requirement of 36 months upon arrival to Joint Base Myer-Henderson Hall.
- I request that any stabilization incurred from redeployment be waived in order to comply with immediate assignment instructions to The Old Guard.
- I have been on station here at _____ since _____.
- My DWELL time is ____ Months and ____ Days.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE YOUR COMPANY CO SIGNATURE HERE	13. SIGNATURE	14. DATE (YYYYMMDD)
---	---------------	---------------------

The Old Guard

SOLDIER INFORMATION FORM

(Do Not Submit with Application. This is for your information)

The following information is provided to assist you with your move to the National Capital Region. **Soldiers are authorized to PCS to Fort Myer with their Family Members.** We strongly advise Soldiers who are traveling with family members to arrive Monday through Friday between the hours of 0700- 1600 to better facilitate lodging. If you think you may arrive after duty hours, please contact Personnel to arrange housing with your assigned unit. **Soldiers are authorized to Ship House Hold Goods at the Governments expense.** Transportation of household goods can be coordinated with transportation office at 703-614-7190 or 703-806-4900. During your PCS move if there are any issues please contact The Old Guard Staff Duty at 703-696-3003 for assistance. Additional information can be found at our web site at www.army.mil/OLDGUARD

Old Guard Phone Numbers:

Recruiter:	703-696-3149
Personnel:	703-696-4677
Staff Duty:	703-696-3003
Chaplain:	703-696-8130
Finance:	703-696-3522
Sponsorship:	703-696-3149/3050

Address:

201 Jackson Ave
Fort Myer, Virginia
22211

Fort Belvoir (This is where Soldiers with Family Members are Housed):

Housing:	703-454-9700
ID Cards/DEERS:	703-805-5578
Army Community Service:	703-805-3413

Bonus Information:

Soldiers who received an Enlistment Bonus must have the following documents in order to ensure the timely processing of their Bonus. DD Form 4/1, 4/2, 4/3, DA Form 1966/1-6, DA Form 3286/1-7, AIT Certificate, and Orders Awarding your MOS.