

New Mexico State Defense Force Regulation  
NMSDF REG 600-10

Personnel Administration

**NEW MEXICO  
STATE DEFENSE  
FORCE (NMSDF)  
PERSONNEL  
MANAGEMENT**

Joint Forces Headquarters  
New Mexico National Guard  
Santa Fe, NM  
December 10, 2014

**UNCLASSIFIED**

---

## NEW MEXICO STATE DEFENSE FORCE PERSONNEL MANAGEMENT

Official:

Brig Gen ANDREW E. SALAS



THE ADJUTANT GENERAL

---

Brig Gen David Torres



Assistant Adjutant General NMSDF

---

**Summary.** This Regulation sets forth policy and procedure for NMSDF Personnel.

**Supersedes.** Original Regulation issued 10 June 2014

**Applicability.** This regulation applies to all components, elements, detachments, units and personnel of the NMSDF.

**Supplementation.** Supplementation of this regulation and establishment of command and local policies are prohibited without prior written approval from the Assistant AG NMSDF or The Adjutant General.

**Suggested Improvements.** Suggested improvements which may be considered for this regulation should be forwarded in writing to the proponent agency of this regulation, The Chief of Staff NMSDF

# ***SUMMARY of CHANGE***

Rev 1- Issued December 10, 2014: Adds additional language in Chapters 2-7 and 9 referencing New Mexico State Code; adds Section 3, Chapter 7 to address Liability of New Mexico State Defense Force members while on duty; Height/Weight requirement changes to Appendix B, Incorporates Minor revision to Appendix C, And published Appendix D; DD Form 2807-1 with NMSDF Requirements in Block 30a.

## **Chapter 1**

### **Introduction, page 1**

Purpose 1-1, page 1

References 1-2, page 1

Responsibilities 1-3, page 1

## **Chapter 2**

### **General, page 1**

Policy 2-1, page 1

Relative Rank 2-2, page 1

Ineligibility 2-3, page 1

## **Chapter 3**

### **Officer Appointments, page 1**

Eligibility 3-1, page 2

Professional Appointments, 3-2, page 2

Determination of Grade, 3-3, page 2

## **Chapter 4**

### **Warrant Officer Appointments, page 3**

Eligibility 4-1, page 3

Determination of Grade 4-2, page 3

## **Chapter 5 Enlistments, page 3**

Eligibility 5-1, page 3

Non-Prior Service Enlistment 5-2, page 3

Determination of Grade 5-3, page 3

## **Chapter 6**

### **Application for Membership, page 3**

Application Procedures, 6-1, page 3

Application for Reappointment and Reenlistment, 6-2, page 4

## **Chapter 7**

### **Duty Status and Assignments, page 4**

Militia Duty 7-1, page 4

Cadre Duty 7-2, page 4

Liability 7-3, page 4

Table of Distribution and Allowances 7-4, page 4

Assignment Policy 7-5, page 4

Reassignment 7-6, page 4

## **Chapter 8 Promotions, page 4**

## **Chapter 9 Separations, page 5**

Voluntary Separations 9-1, page 5

Involuntary Separations 9-2, page 5

Retirements 9-3, page 5

## **Chapter 10**

### **Orders Publication, page 5**

### **Appendixes**

A. References

B. Height/Weight Standards

C. Application for Membership

D. Report of Medical History

E. Oath of Office

## **Glossary**

## **Chapter 1 Introduction**

### **1-1. Purpose**

This regulation outlines personnel management policies of the New Mexico State Defense Force (NMSDF).

### **1-2. References**

Required and related publications and prescribed and referenced forms are listed in Appendix A.

### **1-3. Responsibilities**

- a. The Governor serves as the commander in chief with authority to appoint NMSDF Officers.
- b. The Adjutant General serves as the approval authority for all NMSDF personnel actions. This authority or any portion thereof may be delegated to the Assistant Adjutant General, NMSDF and/or Commander, NMSDF.
- c. The Commander, NMSDF ensures personnel compliance with all applicable policies and regulations contained in this publication.
- d. The Deputy Chief of Staff, Personnel NMSDF executes orders publication for certain personnel actions as outlined in this publication.

## **Chapter 2 General**

### **2-1. Policy**

- a. The NMSDF requires a competent and professional cadre of skilled members dedicated to upholding the basic tenets of the Army Values and Air Force Core Values in the execution of their duties in service to the State of New Mexico. All personnel actions prescribed herein will be made without regard to race, color, religion, national origin, gender, sexual orientation, or ancestry.
- b. The NMSDF shall consist of persons between the ages of eighteen and sixty-four years voluntarily appointed or voluntarily enlisted therein and such additional members of the unorganized militia as therein may be appointed, enlisted, enrolled or inducted as provided by law. Volunteer members may be retained beyond age sixty-four with their consent by direction of the Adjutant General.
- c. The officers of the NMSDF shall be appointed by the governor and serve at his or her pleasure. They shall be chosen from the public and private leadership bases within local communities so as to best enable the community to efficiently muster and lead its people and protect its assets and well being.

### **2-2. Relative Rank**

- a. NMSDF Personnel will rank among themselves in the conduct of routine business but will, when ordered to Militia Duty, rank among the officers and noncommissioned officers of the New Mexico National Guard of the same grade who are not in a federal status.

### **2-3. Ineligibility**

The following persons are ineligible for appointment in the NMSDF:

- a. Those subversive or disloyal to the governments of the United States of America and/or the State of New Mexico.
- b. Those convicted of a felony by any civilian or military court as well as those persons on parole or probation.
- c. Those dropped from the rolls or released from any Uniformed Service of the United States under other than honorable conditions, for unsatisfactory service, by resignation in lieu of court martial, by elimination for any form of corrective or disciplinary action, for the good of the service, or for presenting a security risk.
- d. Persons with former military service who were discharged with a reenlistment code of RE-4 (except for retirement). Those with an RE-3 code will be considered on a case-by-case basis.
- e. Persons presently serving in the Armed Forces of the United States or any reserve/auxiliary component thereof.
- f. Persons presently serving in the State Defense Force of any other state, the Commonwealth of Puerto Rico, the District of Columbia, Guam, or the Virgin Islands.
- g. Members of any paramilitary training organization not authorized by Congress or the New Mexico General Court.
- h. Persons who do not meet current height/weight standards outlined in Appendix B.

## **Chapter 3 Officer Appointments**

### **3-1. Eligibility**

Individuals meeting all eligibility requirements outlined below may apply for NMSDF membership:

- a. Age. Applicants must be at least 18 years of age and no more than 64 years.
- b. Citizenship. Applicants must be citizens or lawful permanent residents of the United States of America.
- c. Residency. Applicants should be residents of the State of New Mexico, however applications from exceptionally strong candidates who reside in other states may be considered on a case-by-case basis.
- d. Civilian Education. All applicants must hold a bachelors degree granted by an accredited college or university listed in the U.S. Department of Education's Database of Accredited Postsecondary Institutions and Programs.
- e. Military Service. All applicants (except those applying for professional appointments in accordance with Paragraph 3-2) must hold federal recognition as a former commissioned officer of the Uniformed Services of the United States and have earned an honorably characterized discharge for all periods of service.
- f. Medical Fitness. Applicants must have and maintain a reasonable degree of medical fitness as determined by the NMSDF Command Surgeon.

### **3-2. Professional Appointments**

This section defines requirements for initial appointment of NMSDF members who serve as chaplains, health service personnel, legal officers, and skilled professionals. Those who receive professional appointments as such shall not be eligible to serve as the NMSDF commander and shall not normally serve in command positions at the battalion level.

a. Chaplains. NMSDF chaplains are ordained, ecclesiastically endorsed clergypersons who meet the educational requirements specified in DoD Directive 1304.19. Specifically, they must have completed a 72-semester hour (108 quarter hours) graduate degree program in the field of theological or related studies from a qualifying educational institution. A qualifying institution is an accredited college, university, or school of theology listed in the current edition of the American Council on Education or any unaccredited institution meeting the requirements as listed in DoD Directive 1304.19.

b. Health Services Personnel. NMSDF health professionals who must hold a doctoral degree are Physicians (MD and DO), Veterinarians (DVM), Optometrists (OD), Chiropractors (DC), Dentists (DMD and DDS), Psychologists (PsyD and PhD), and Podiatrists (DPM). These officers shall be Category 1 Health Services Personnel. Health professionals applying to serve in other capacities (Category 2 Health Services Personnel) must hold a bachelors, masters, or doctoral degree in their field and include Audiologists, Biomedical Laboratory Technologists, Clinical Mental Health Professionals, Dieticians, Health Service Administrators, Nurse Practitioners, Pharmacists, Physical Therapists, Physician Assistants, Public Health Specialists, Occupational Therapists, Registered Nurses, Respiratory Therapists, and Social Workers. All health professionals must provide proof of current unrestricted licensure, registration, or certification in New Mexico, where such is required by law or regulation.

c. Legal Officers. NMSDF legal officers are licensed attorneys authorized to practice law in the State of New Mexico. Attorneys must provide proof of current licensure.

d. Skilled Professionals. NMSDF skilled professionals are officers who hold critical skills, such as in the field of information technology and public affairs, as determined by the Commander, NMSDF. Additional proof of current licensure, registration, certification, experience, and/or education may be required by the NMSDF for such appointments.

### **3-3. Determination of Grade**

Personnel will be appointed to the NMSDF in their highest federally recognized grade satisfactorily held or, if approved by the NMSDF commander, one grade higher; provided, however, that no NMSDF officer shall hold any grade higher than colonel with exception of the Assistant Adjutant General NMSDF, who shall serve as a brigadier general. NMSDF officers who receive a professional appointment will be appointed in either their highest federally recognized grade satisfactorily held or as follows, whichever is higher in rank:

- a. Chaplains. Chaplains with a bachelor's degree and less than 7 years ministry experience will be appointed as a first lieutenant. Those with either (1) a bachelor's degree and a seminary degree or (2) a bachelor's degree and more than 7 years of ministry experience will be appointed as a captain. Those with a bachelor's degree and more than 15 years of ministry experience will be appointed as a major.

b. Health Services Personnel. All Category 1 personnel with less than 10 years of professional experience will be appointed as captains, with more than 10 years of professional experience will be appointed as majors, and with more than 20 years of professional experience will be appointed as lieutenant colonels. All Category 2 personnel with less than 10 years of professional experience will be appointed as first lieutenants, with more than 10 years of professional experience will be appointed as captains, and with more than 15 years of professional experience will be appointed as majors.

c. Legal Officers. Licensed attorneys shall be initially appointed in the NMSDF as captains. Those with 15 or more years of experience as an attorney shall be appointed as majors.

d. Skilled Professionals. Skilled professionals with a bachelor's degree and less than 5 years of professional experience shall be appointed in the NMSDF as second lieutenants. Those with either a master's degree or between 5 and 10 years of professional experience shall be appointed as first lieutenants. Those with either a doctoral degree or more than 10 years of professional experience shall be appointed as captains.

### **3-4. Appointment by Governor**

Notwithstanding the foregoing, all officers of the NMSDF are appointed by the governor and serve at his or her pleasure.

## **Chapter 4**

### **Warrant Officer Appointments**

#### **4-1. Eligibility**

Individuals meeting all eligibility requirements outlined below may apply for NMSDF membership:

- a. Age. Applicants must be at least 25 and no more than 64 years of age.
- b. Citizenship. Applicants must be citizens or lawful permanent residents of the United States of America.
- c. Residency. Applicants should be residents of the State of New Mexico, however applications from exceptionally strong candidates who reside in other states may be considered on a case-by-case basis.
- d. Civilian Education. All applicants must hold a high school diploma or have passed the General Educational Development Test. A bachelor's degree granted by an accredited college or university listed in the U.S. Department of Education's Database of Accredited Postsecondary Institutions and Programs is preferred.
- e. Military Service. All applicants must hold federal recognition as a former warrant officer of the Uniformed Services of the United States and have earned an honorable discharge for all periods of service.
- f. Medical Fitness. Applicants must have and maintain a reasonable degree of medical fitness as determined by the NMSDF Command Surgeon.

#### **4-2. Determination of Grade**

Personnel will be initially appointed to the NMSDF in their highest federally recognized grade satisfactorily held or, if approved by the NMSDF commander upon recommendation of the NMSDF command chief warrant officer, one grade higher.

#### **4-3. Appointment by Governor**

Notwithstanding the foregoing, all officers of the NMSDF are appointed by the governor and serve at his or her pleasure.

## **Chapter 5 Enlistments**

#### **5-1. Eligibility**

Individuals meeting all eligibility requirements outlined below may apply for NMSDF membership:

- a. Age. Applicants must be at least 18 and no more than 64 years of age.
- b. Citizenship. Applicants must be citizens or lawful permanent residents of the United States of America.
- c. Residency. Applicants should be residents of the State of New Mexico, however applications from exceptionally strong candidates who reside in other states may be considered on a case-by-case basis.
- d. Civilian Education. All applicants must hold a high school diploma or have passed the General Educational Development Test. An associate's degree granted by an accredited college or university listed in the U.S. Department of Education's Database of Accredited Postsecondary Institutions and Programs is preferred.
- e. Military Service. All applicants that have prior enlisted service in the Uniformed Services of the United States must have earned an honorable discharge for all periods of service.

f. Medical Fitness. Applicants must have and maintain a reasonable degree of medical fitness as determined by the NMSDF Command Surgeon.

### **5-2. Non-Prior Service Enlistment**

- a. The NMSDF will provide non-prior service citizen's the opportunity to serve the State of New Mexico and the United States of America in uniform.
- b. The NMSDF will develop a mandatory initial entry training (IET) plan for all non-prior service members.
- c. The member will be in a trainee status until IET is completed.
- d. The non-prior service trainee will have an initial enlistment of 6 months.
- e. The trainee must complete IET within 6 months and be evaluated for full membership in the NMSDF.
- f. Commanders are responsible for counseling the trainee on their progression and decision on certifying them as a full member.
- g. Trainee's not recommend for full membership can appeal through the NMSDF chain of command to the Assistant Adjutant General for Sate Defense Force.

### **5-3. Determination of Grade**

- a. Enlisted personnel will be initially appointed to the NMSDF in their highest grade satisfactorily held or, if approved by the NMSDF commander upon recommendation of the NMSDF command sergeant major, one grade higher; provided, however, that no such appointment shall be at any grade below staff sergeant.
- b. Non-prior service members will be enlisted between the grades of E1-E4. Unit commanders will recommend the grade through the S1 to the Commander NMSDF for approval.

## **Chapter 6**

### **Application for Membership**

#### **6-1. Application Procedures**

- a. The acceptance process will be four phases. Conditional Membership will begin upon completion of PHASE I and end either with the applicant not passing a PHASE or the invitation for formal membership.
  - i. PHASE I: NMSDF screens the application and required supporting documents and extends a conditional membership
  - ii. PHASE II: Complete the NM DHS Background Check or out of state alternative
  - iii. PHASE III: Complete Health Screening
  - iv. PHASE IV: Formal invitation to join the NMSDF
- b. All applicants will submit the following to the NMSDF Recruiting Officer for processing:
  - 1. NMSDF Form 1 (Application for Membership); see Appendix C.
  - 2. Copy of birth certificate, documentation of lawful permanent residency, or evidence of citizenship; naturalized citizens will submit a statement signed by a commissioned officer or notary public that they have seen the original certificate of citizenship provided that such statement includes the certificate number and date it was witnessed since Certificates of Naturalization cannot be photocopied.
  - 3. Verification of Social Security Number (copy of Social Security card will suffice for this requirement).
  - 4. Copies of all DD Forms 214 (Certificate of Release or Discharge from Active Duty) and/or NGB Forms 22 (Report of Separation and Record of Service).
  - 5. Copies of any military awards not annotated on a DD Form 214 or NGB Form 22.
  - 6. Evidence of highest civilian schooling attained (certified transcripts preferred).
  - 7. Evidence of highest military education attained (copy of diploma, DA Form 1059 (Service School Academic Evaluation Report), or equivalent).
  - 8. Evidence of a valid motor vehicle operator permit (copy of state-issued driver license) and certified driving record issued by the Department of Motor Vehicles.
  - 9. For professional appointments, proof of current unrestricted licensure, registration, certification, or ecclesiastical endorsement (officers only).
  - 10. The NMSDF Recruiting Officer will forward all completed applications to the S1 for processing, to include the scheduling of interviews if necessary.
  - 11. Applicants accepted for NMSDF membership will complete the Oath of Office located in Appendix E.

## **6-2. Background Check**

The NMSDF Application page 2 serves as the applicant's notification and consent to a background check. Background checks will be done by the NMDPS Records Bureau, POC Assistant Bureau Chief, Regina Chacon [regina.chacon@state.nm.us](mailto:regina.chacon@state.nm.us) or 505-827-9297.

## **6-3. Application for Reappointment and Reenlistment**

- a. Former NMSDF members separated from the organization for no more than 12 months may request reappointment by submitting a memorandum requesting same through the recruiting officer to the Commander, NMSDF provided that such separation was honorably characterized.
- b. Former NMSDF members separated from the organization in excess of 12 months must complete the application process as specified in Paragraph 6-1 provided that such separation was honorably characterized.
- c. Former NMSDF members involuntarily separated from the organization for cause must request permission to reapply by submitting a memorandum through the recruiting officer to the Commander, NMSDF. If this request is approved, the entire application process outlined in Paragraph 6-1 must be completed.

## **Chapter 7**

### **Duty Status and Assignments**

#### **7-1. Militia Duty**

"Militia duty" is the performance of actual military service for the state in time of need when called by the governor or adjutant general following mobilization of the National Guard. It may be performed by the standing cadre of the state defense force at any time so ordered following mobilization of the National Guard. The Governor may order out the State Defense Force into active state service either in total, or portions thereof, as a component of the organized militia when the total strength or composition of national guard within the state is deemed to be insufficient to meet a natural disaster, experienced or anticipated, as necessary for the protection and well being of the state. When State Defense Force members are ordered to Militia Duty, they shall receive pay and allowances in the same manner as the National Guard members who are called to state active duty (NM State Code 20-4-3).

#### **7-2. Cadre Duty**

"Cadre duty" means the normal service and training performed by the standing cadre of the state defense force in anticipation and support of militia duty including organization, administration and other pre-call matters.

#### **7-3. Liability**

- a. Members of the State Defense Force shall not incur personal civil liability for acts performed in the line of militia duty or cadre duty or in travel directly to or from said duty, and the State shall defend and indemnify against any such claims as are brought, and the state shall be substituted as a party defendant for the member.
- b. When a member of the NMSDF is on state-ordered militia duty, he or she is a worker under the Workers' Compensation Act and the department of military affairs is their employer.
- c. A member of the NMSDF shall not be considered a worker under the Workers' Compensation Act when performing cadre duty.

#### **7-4. Table of Distribution and Allowances**

The NMSDF Table of Distribution and Allowances (TDA) shall be maintained by the NMSDF S1. All TDA changes must be approved and/or directed by The Adjutant General.

#### **7-5. Assignment Policy**

NMSDF members may be assigned to any position authorized by the TDA compatible with their grade and occupational specialty; provided, however, that members may be assigned to a position one grade below or one grade above that which is authorized by the TDA. For example, a position for which a lieutenant colonel is authorized may be filled by a major (one grade below) or colonel (one grade above). Personnel with professional appointments or serving in critical skill areas as determined by the NMSDF commander may be "double slotted" against TDA authorizations as necessary.

## **7-6. Reassignment**

Unit commanders are authorized to reassign personnel serving under their command. The assignment and reassignment of officers in the grade of lieutenant colonel or above will be made only with the approval of the NMSDF commander.

## **Chapter 8 Promotions**

NMSDF personnel shall be ineligible for promotion for no less than one year following initial appointment or enlistment. During an unspecified period of time lasting no more than one year following the NMSDF's official activation, promotion standards shall be developed and published in a separate NMSDF Regulation.

## **Chapter 9 Separations**

### **9-1. Voluntary Separations**

Personnel may be voluntarily separated by submitting a written request through their chain of command to the NMSDF commander. Such a request shall specify the reasons (e.g. occupational or educational interference) for same.

### **9-2. Involuntary Separations**

a. The discipline of the NMSDF shall, to the extent practicable, conform to that of the army national guard. When performing militia duty, members of the NMSDF are subject to the Code of Military Justice. Standards of conduct applicable to the army national guard are applicable to members of the NMSDF when performing militia duty or cadre duty.

b. A member of the NMSDF may be dismissed or discharged prior to the expiration of his term of service by sentence of a court-martial or for misconduct, inefficiency, unsatisfactory participation, personal hardship; or for such other cause as The Adjutant General finds and the Governor approves. Discharge proceedings shall, as nearly as practicable, follow the laws, rules and procedures prescribed for the army national guard.

c. Personnel may be involuntarily separated from the NMSDF for the convenience of the government.

d. Personnel shall be involuntarily separated if, for any reason, they fail to meet eligibility requirements specified within this pamphlet (see Paragraphs 2-3, 3-1, 4-1, and 5-1), fail to meet appearance requirements specified in AR 670-1, or fail to attend the required number of training assemblies without reasonable justification as determined by the NMSDF commander. Personnel who fail to maintain a reasonable degree of medical fitness as determined by the NMSDF Command Surgeon shall be separated from the NMSDF.

e. Those whose behavior, conduct, or performance effectiveness fails to meet NMSDF standards as determined by the NMSDF commander shall be separated for cause. Involuntary separation for cause must be approved by The Adjutant General and the governor may be affected for the following reasons:

- (1) Conduct unbecoming a commissioned, warrant, or noncommissioned officer, especially that which involves moral turpitude.
- (2) Conviction of a felony by any civilian or military court.
- (3) Habitual failure to perform required duties.
- (4) Failure to obey applicable and lawful orders, policies, and regulations.

f. Notwithstanding the foregoing, all officers of the NMSDF serve at the pleasure of, and may be dismissed by, the governor at any time, with or without cause.

g. Discharge certificates shall reflect the character of the member's service. They shall conform as closely as practicable to discharge certificates of the army national guard.

### **9-3. Retirements**

NMSDF Regulation on retirement TPB.

### **9-4. Expiration of Term of Service**

Upon expiration of the term of service for which appointed or enlisted, a member of the NMSDF shall be entitled to a discharge; provided that no member shall be discharged by reason of expiration of his term of service while in the active service of the state.

## **Chapter 10 Orders Publication**

All NMSDF orders shall be published in keeping with guidance obtained from AR 600-8-105, Military Orders. The Deputy Chief of Staff, Personnel, New Mexico National Guard shall, through direct coordination with the NMSDF S1, be responsible for publishing all orders pertaining to personnel actions for NMSDF personnel in the grades of lieutenant colonel and above for officers, chief warrant officer 4 and above for warrant officers, and sergeant major and above for noncommissioned officers. The NMSDF S1 shall be responsible for publishing orders pertaining to all other personnel.

Appendix A  
References

**Section I**  
**Required Publications**

**New Mexico General Laws**  
Section 20-1-4 NMSA 1978 (being Laws 1987, Chapter 318, Section 4)

**NGR Reg 10-4**

State Defense Forces

**United States Code**  
Title 32, Section 109: Maintenance of Other Troops

**Section II**  
**Related Publications**

**NMSDF Membership Application**

**Section IV**  
**Referenced Forms**

Except where otherwise indicated below, the following forms are available on the AKO, AHP, and APD websites.

**DA Form 2028**  
Recommended Changes to Publications and Blank Forms

**DD Form 214**  
Certificate of Release or Discharge from Active Duty

**NGB Form 22**  
Report of Separation and Record of Service

Appendix B  
MAXIMUM ALLOWABLE WEIGHT

HEIGHT (inches)	Male Personnel	Female Personnel
58	-	128
59	-	132
60	156	136
61	161	140
62	165	145
63	170	149
64	175	153
65	180	157
66	185	162
67	191	166
68	197	171
69	203	175
70	210	180
71	218	185
72	223	190
73	229	-
74	235	-
75	241	-
76	246	-
77	252	-
78	258	-
79	262	-

**NMSDF WEIGHT VERIFICATION FORM**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE INITIAL: \_\_\_\_\_

HEIGHT (INCHES): \_\_\_\_\_

WEIGHT (POUNDS): \_\_\_\_\_

AGE: \_\_\_\_\_

BODY FAT PERCENTAGE (IF OVER MAXIMUM ALLOWABLE WEIGHT):  
\_\_\_\_\_ %

PRINTED NAME OF PHYSICIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Appendix C  
NMSDF Application

NEW MEXICO STATE DEFENSE FORCE		FOR OFFICIAL USE ONLY (FOUO) SEE PRIVACY ACT STATEMENT IN AR 632-3			
Application for Appointment					
<b>SECTION I-PERSONAL INFORMATION</b>					
NAME (LAST, FIRST, MIDDLE)		SSN	HOME PHONE		US CITIZEN Y or N
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			CELL PHONE	SEX F M	BLOOD
HEIGHT	WEIGHT	EYES	HAIR	PHYSICAL LIMITATIONS	BIRTHDATE
MARITAL STATUS	NAME OF SPOUSE		# OF DEPENDANTS	EMAIL ADDRESS	
LANGUAGES	CIVIL/COURT CONVICTIONS				
<b>SECTION II-EDUCATION (High School, Trade Schools, College/University)</b>					
<b>SECTION III-PRIOR MILITARY SERVICE (Include all Branches &amp; Periods of Service, Attach DD 214 or Discharge Certificate)</b>					
BRANCH	GRADE	TYPE OF DISCHARGE		RESERVE OBLIGATION	
SECURITY CLEARANCE HELD			MILITARY DECORATIONS AND AWARDS		
<b>MILITARY EDUCATION COMPLETED</b>					
SCHOOL & LOCATION (City & State)		YEARS		QUALIFICATION AWARDED	
<b>SECTION IV-PERSONAL ASPIRATIONS FOR JOINING</b>					

## BACKGROUND INVESTIGATION AND DISCLOSURE REPORT

The Military Code of the State of New Mexico-Chapter 20, NMSA 1978 Compilation provides for:

The Department of Military Affairs (DMA) of the State of New Mexico, which consists of three military (components) division: (1) the Army National Guard, the Air National Guard, and the State Defense Force-Section 2-3-2 (A) NMSA 1978 compilation.

The State Defense Force (SDF), which is military component and military division of the Department of Military Affairs (DMA) of the State of New Mexico-Section 20-5-1 NMSA 1978 compilation.

The Adjutant General (TAG) of the State of New Mexico, who is a member of the Governor's Cabinet, military Chief of Staff to the Governor, and head of the Department of Military Affairs-Section 20-3-2-(B) NMSA 1978 compilation.

The Assistant Adjutant General (AAG) for the SDF Military division of DMA, who is, by virtue of his/her office, the commanding general of the SDF-Section 20-3-2 (H) NMSA 1978 compilation.

The commissioned military officers and warrant officers of the SDF, who are appointed and commissioned by the governor of the State of New Mexico-Section 20-5-3 (B) NMSA 1978 compilation.

### AUTHORIZATION FOR RELEASE OF INFORMATION AND BACKGROUND INVESTIGATION

I, the undersigned, am a candidate for appointment/enlistment in the State Defense force of New Mexico. I certify that I submitted my application with all the supporting documentation, to the Assistant Adjutant General (NMSDF) of the State of New Mexico. I understand that, before I can become a member in the State Defense Force, I must undergo a comprehensive background investigation.

Therefore:

I do hereby authorize the Office of the Governor of the State of New Mexico, the Office of the Adjutant General of the State of New Mexico, the office of the Assistant Adjutant General (NMSDF) of the State of New Mexico, the Department of Public Safety of the State of New Mexico, and their duly authorized representatives to conduct a comprehensive investigation and review of my background, including but not limited to: verification of my social security number, current and previous residences, job references, employment history, education, character references, and criminal records including traffic violations, DWI citations, drug arrests, arrest warrants and any other public records.

I authorize the complete release of information contained in files, records or data that pertain to me personally and that supports a background report on me. I understand that any decision made with regards to my application for appointment/enlistment in the State Defense Force will not be affected by the release of my place and the date of birth, unless I am under the age of 18 or over the age of 64 (without a waiver for the Adjutant General).

I hereby release the above government officials, military officers, and their duly authorized representatives from any and all liability for damages of whatever kind, which may at any time, result from this investigation. I understand that a copy of this authorization may be provided to the custodians of public records and files, provided that, if it is anyone other than the above named officials, I grant prior written approval. Information on this application and results of the background investigation will be maintained in confidence in accordance with local, state and federal status.

SIGNATURE OF APPLICANT	LAST NAME, FIRST, MIDDLE I		DATE
DATE OF BIRTH	PLACE OF BIRTH	SSN#	MILITARY SERVICE #
DRIVER'S LICENSE/STATE	DRIVERS	PRIOR MILITARY SERVICE BRANCH	DISCHARGE CERTIFICATE/TYPE
CURRENT RESIDENCE	LENGTH	CITY AND COUNTY	STATE AND ZIP CODE
DO NOT WRITE BELOW THIS LINE-FOR USE BY LAW ENFORCEMENT AGENCIES AND OFFICIALS			

**CERTIFICATIONS**

**THE UNDERSIGNED CERTIFY THAT:**

1. I am not a conscientious objector.
2. Have not used, purchased, possessed or sold harmful, habit forming or illegal drugs or chemicals, except as prescribed by a licensed physician.
3. I do not object to bearing arms.
4. I have not received treatment for alcohol abuse within the past year.
5. I have not received treatment for any mental health disorders except stated hereon.
6. I will wear the New Mexico State Defense Force uniform only as authorized and prescribed by regulations. I will comply with and fulfill the New Mexico Army National guard standards of cleanliness, good grooming, and appearance and will fulfill the obligation stated in the oath of office.
7. I have not been convicted of a felony or high misdemeanor, nor found guilty in a general court-martial.
8. The information given by me on this application is true, complete, and correct to the best of my knowledge and belief. I understand that I am being considered for appointment in the New Mexico State Defense Force based on the information provided on this document.

(Signature)	(SSN#)	(Date)

**BACKGROUND INVESTIGATION PRIVACY ACT STATEMENT**

THE PRIVACY ACT OF 1976 (5 U.S.C. 522)

1. The New Mexico State Defense Force is authorized to perform a background investigation on all applications for appointments.
2. Your approval and signing of this section of this application allows all federal, state, county, and city agencies to release information about you to the New Mexico State Defense Force to make a decision regarding this appointment.
3. You may refuse to approve and sign this section of the application; however, your refusal to approve and sign this section of the application could result in non-consideration or denial of your application.

I have read and understand the above, and hereby authorize any and all federal, state, and city agencies to release such information to the New Mexico Defense Force that may be in their possession about me and which is or may be relevant regarding appointment to the New Mexico state Defense Force.

(Signature)	(SSN#)	(Date)

<b>ADMINISTRATIVE AREA</b>

Appendix D Report of Medical History (DD Form 2807-1 with NMSDF Requirements in Block 30a)

**REPORT OF MEDICAL HISTORY**

**(This information is for official and medically confidential use only and will not be released to unauthorized persons.)**

OMB No. 0704-0413  
OMB approval expires  
Aug 31, 2014

The public reporting burden for this collection of information is estimated to average 10 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, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0413). 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.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 136, DoD Instruction 6130.03, and E.O. 9397, as amended (SSN).

**PRINCIPAL PURPOSE(S):** The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted. Completed forms are covered by recruiting, medical evaluation board, and official military personnel file SORNs maintained by each of the Services.

**ROUTINE USE(S):** The Blanket Routine Uses found at [http://privacy.defense.gov/blanket\\_uses.shtml](http://privacy.defense.gov/blanket_uses.shtml) apply to this collection.

**DISCLOSURE:** Voluntary. However, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual's record.

**WARNING:** The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

<b>1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)</b>	<b>2. SOCIAL SECURITY NUMBER</b>	<b>3. TODAY'S DATE (YYYYMMDD)</b>
<b>4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)</b>	<b>5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)</b>	
<b>b. HOME TELEPHONE (Include Area Code)</b>		

**X ALL APPLICABLE BOXES:**

<b>6.a. SERVICE</b>	<b>6.b. COMPONENT</b>	<b>6.c. PURPOSE OF EXAMINATION</b>	<b>7.a. POSITION (Title, Grade, Component)</b>
<input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	<input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	<input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation	<b>b. USUAL OCCUPATION</b>
<b>8. CURRENT MEDICATIONS (Prescription and Over-the-counter)</b>			<b>9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)</b>

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	12. (Continued)	YES	NO
<b>10.a. Tuberculosis</b>	<input type="radio"/>	<input type="radio"/>	<b>f. Foot trouble (e.g., pain, corns, bunions, etc.)</b>	<input type="radio"/>	<input type="radio"/>
<b>b. Lived with someone who had tuberculosis</b>	<input type="radio"/>	<input type="radio"/>	<b>g. Impaired use of arms, legs, hands, or feet</b>	<input type="radio"/>	<input type="radio"/>
<b>c. Coughed up blood</b>	<input type="radio"/>	<input type="radio"/>	<b>h. Swollen or painful joint(s)</b>	<input type="radio"/>	<input type="radio"/>
<b>d. Asthma or any breathing problems related to exercise, weather, pollens, etc.</b>	<input type="radio"/>	<input type="radio"/>	<b>i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)</b>	<input type="radio"/>	<input type="radio"/>
<b>e. Shortness of breath</b>	<input type="radio"/>	<input type="radio"/>	<b>j. Any knee or foot surgery including arthroscopy or the use of a scope (of any bone or joint)</b>	<input type="radio"/>	<input type="radio"/>
<b>f. Bronchitis</b>	<input type="radio"/>	<input type="radio"/>	<b>k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.</b>	<input type="radio"/>	<input type="radio"/>
<b>g. Wheezing or problems with wheezing</b>	<input type="radio"/>	<input type="radio"/>	<b>l. Bone, joint, or other deformity</b>	<input type="radio"/>	<input type="radio"/>
<b>h. Been prescribed or used an inhaler</b>	<input type="radio"/>	<input type="radio"/>	<b>m. Plate(s), screw(s), rod(s) or pin(s) in any bone</b>	<input type="radio"/>	<input type="radio"/>
<b>i. A chronic cough or cough at night</b>	<input type="radio"/>	<input type="radio"/>	<b>n. Broken bone(s) (cracked or fractured)</b>	<input type="radio"/>	<input type="radio"/>
<b>j. Sinusitis</b>	<input type="radio"/>	<input type="radio"/>	<b>13.a. Frequent indigestion or heartburn</b>	<input type="radio"/>	<input type="radio"/>
<b>k. Hay fever</b>	<input type="radio"/>	<input type="radio"/>	<b>b. Stomach, liver, intestinal trouble, or ulcer</b>	<input type="radio"/>	<input type="radio"/>
<b>l. Chronic or frequent colds</b>	<input type="radio"/>	<input type="radio"/>	<b>c. Gall bladder trouble or gallstones</b>	<input type="radio"/>	<input type="radio"/>
<b>11.a. Severe tooth or gum trouble</b>	<input type="radio"/>	<input type="radio"/>	<b>d. Jaundice or hepatitis (liver disease)</b>	<input type="radio"/>	<input type="radio"/>
<b>b. Thyroid trouble or goiter</b>	<input type="radio"/>	<input type="radio"/>	<b>e. Rupture/hernia</b>	<input type="radio"/>	<input type="radio"/>
<b>c. Eye disorder or trouble</b>	<input type="radio"/>	<input type="radio"/>	<b>f. Rectal disease, hemorrhoids or blood from the rectum</b>	<input type="radio"/>	<input type="radio"/>
<b>d. Ear, nose, or throat trouble</b>	<input type="radio"/>	<input type="radio"/>	<b>g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)</b>	<input type="radio"/>	<input type="radio"/>
<b>e. Loss of vision in either eye</b>	<input type="radio"/>	<input type="radio"/>	<b>h. Frequent or painful urination</b>	<input type="radio"/>	<input type="radio"/>
<b>f. Worn contact lenses or glasses</b>	<input type="radio"/>	<input type="radio"/>	<b>i. High or low blood sugar</b>	<input type="radio"/>	<input type="radio"/>
<b>g. A hearing loss or wear a hearing aid</b>	<input type="radio"/>	<input type="radio"/>	<b>j. Kidney stone or blood in urine</b>	<input type="radio"/>	<input type="radio"/>
<b>h. Surgery to correct vision (RK, PRK, LASIK, etc.)</b>	<input type="radio"/>	<input type="radio"/>	<b>k. Sugar or protein in urine</b>	<input type="radio"/>	<input type="radio"/>
<b>12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)</b>	<input type="radio"/>	<input type="radio"/>	<b>l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, Herpes, etc.)</b>	<input type="radio"/>	<input type="radio"/>
<b>b. Arthritis, rheumatism, or bursitis</b>	<input type="radio"/>	<input type="radio"/>	<b>14.a. Adverse reaction to serum, food, insect stings or medicine</b>	<input type="radio"/>	<input type="radio"/>
<b>c. Recurrent back pain or any back problem</b>	<input type="radio"/>	<input type="radio"/>	<b>b. Recent unexplained gain or loss of weight</b>	<input type="radio"/>	<input type="radio"/>
<b>d. Numbness or tingling</b>	<input type="radio"/>	<input type="radio"/>	<b>c. Currently in good health (If no, explain in Item 29 on Page 2.)</b>	<input type="radio"/>	<input type="radio"/>
<b>e. Loss of finger or toe</b>	<input type="radio"/>	<input type="radio"/>	<b>d. Tumor, growth, cyst, or cancer</b>	<input type="radio"/>	<input type="radio"/>

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
---------------------------------------------	------------------------

Mark each Item "YES" or "NO". Every Item marked "YES" must be fully explained in Item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO	
15.a. Dizziness or fainting spells	<input type="radio"/>	<input type="radio"/>	19. Have you been refused employment or been unable to hold a job or stay in school because of:	<input type="radio"/>	<input type="radio"/>	
b. Frequent or severe headache	<input type="radio"/>	<input type="radio"/>		a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input type="radio"/>
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input type="radio"/>		b. Inability to perform certain motions	<input type="radio"/>	<input type="radio"/>
d. Paralysis	<input type="radio"/>	<input type="radio"/>		c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input type="radio"/>
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/>	<input type="radio"/>		d. Other medical reasons (If yes, give reasons.)	<input type="radio"/>	<input type="radio"/>
f. Car, train, sea, or air sickness	<input type="radio"/>	<input type="radio"/>		20. Have you ever been treated in an Emergency Room? (If yes, for what?)		
g. A period of unconsciousness or concussion	<input type="radio"/>	<input type="radio"/>		21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)		
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input type="radio"/>		22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)		
16.a. Rheumatic fever	<input type="radio"/>	<input type="radio"/>	23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)			
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/>	<input type="radio"/>	24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)			
c. Pain or pressure in the chest	<input type="radio"/>	<input type="radio"/>	25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)			
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input type="radio"/>	26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)			
e. Heart trouble or murmur	<input type="radio"/>	<input type="radio"/>	27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)			
f. High or low blood pressure	<input type="radio"/>	<input type="radio"/>	28. Have you ever been denied life insurance?			
17.a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/>	<input type="radio"/>	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)			
b. Habitual stammering or stuttering	<input type="radio"/>	<input type="radio"/>				
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input type="radio"/>				
d. Frequent trouble sleeping	<input type="radio"/>	<input type="radio"/>				
e. Received counseling of any type	<input type="radio"/>	<input type="radio"/>				
f. Depression or excessive worry	<input type="radio"/>	<input type="radio"/>				
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input type="radio"/>				
h. Attempted suicide	<input type="radio"/>	<input type="radio"/>				
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input type="radio"/>				
18. FEMALES ONLY. Have you ever had or do you now have:	<input type="radio"/>	<input type="radio"/>				
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input type="radio"/>				
b. A change of menstrual pattern	<input type="radio"/>	<input type="radio"/>				
c. Any abnormal PAP smears	<input type="radio"/>	<input type="radio"/>				
d. First day of last menstrual period (YYYYMMDD)	<input type="radio"/>	<input type="radio"/>				
e. Date of last PAP smear (YYYYMMDD)	<input type="radio"/>	<input type="radio"/>				

**NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."**

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

SOCIAL SECURITY NUMBER

**30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA** (*Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.*)

**a. COMMENTS**

Additional Information required by the New Mexico State Defense Force to be completed by the Provider:

1. Blood Pressure: \_\_\_\_\_ Heart Rate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

2. Brief description on examination of the following (use additional space below if necessary:)

2a. Cardiovascular System: \_\_\_\_\_

2b. Lungs: \_\_\_\_\_

2c. Abdomen: \_\_\_\_\_

2d. Extremities: \_\_\_\_\_

3. Listing of all medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Pertinent laboratory data (e.g. HgA1c): \_\_\_\_\_

b. TYPED OR PRINTED NAME OF EXAMINER (*Last, First, Middle Initial*)

c. SIGNATURE

d. DATE SIGNED  
(YYYYMMDD)

Appendix E  
NMSDF Oath of Office

**OATH OF ENLISTMENT**

I do hereby acknowledge to have voluntarily enlisted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, as a member of the New Mexico State Guard for a period of three years under the conditions prescribed by law, unless sooner discharged by proper authority. And I do solemnly swear that I will bear true faith and allegiance to the United States of America and to the State of New Mexico; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the governor of the State of New Mexico and the officers appointed over me according to the law and the rules and regulations in accordance therewith, so help me God.

## **Glossary**

### **Section I Abbreviations**

**DC**

Doctor of Chiropractic

**DDS**

Doctor of Dental Surgery

**DMD**

Doctor of Dental Medicine

**DO**

Doctor of Osteopathic Medicine

**DoD**

Department of Defense

**DPM**

Doctor of Pediatric Medicine

**DVM**

Doctor of Veterinary Medicine

**MD**

Medical Doctor

**NGB**

National Guard Bureau

**NMSDF**

New Mexico State Defense Force

**OD**

Doctor of Optometry

**PhD**

Doctor of Philosophy

**PsyD**

Doctor of Psychology

**RE**

Reenlistment Eligibility

**TAGNM**

The Adjutant General New Mexico

**TDA**

Table of Distribution and Allowances

## **Section II Terms**

### **DA Form**

A form used throughout the Army; any form that is used by more than one Army command or agency; approved by the U.S. Army Publishing Directorate.

### **DDForm**

A form used by two or more Defense departments or agencies. DD forms are approved by the Director for Information Operations and Reports, Office of the Assistant Secretary of Defense (Comptroller).

## **Section III**

### **Special Abbreviations and Terms**