MEMORANDUM FOR DISTRIBUTION A & I

SUBJECT: Traditional Position Announcement with Det 3, CO B, 935TH ASB, Warrensburg MO (SWVA #15-0066)

1. Det 3, CO B, 935TH ASB, Warrensburg MO has a vacant 94R20, E5/SGT Avionics and Survivability Equipment Repairer position (Para/Line 303C/09). The current EPS list has been exhausted and the position is now open statewide.

2. A 94R20, Avionics and Survivability Equipment Repairer performs maintenance duties that are more complex and beyond the scope and experience of those encountered by the skill level one repairer. Provides technical assistance to both subordinates and supported users. Supervises the operation and proper use of TMDE. Schedules and performs user maintenance on TMDE, tools, and special test equipment. Performs final or quality control inspection of repaired equipment and maintenance documents. Provides shop supervisor with equipment repair status, priorities, and necessity for bench stock re-supply. Maintain maintenance facility technical library. Experience is preferred but not required.

3. MOS requirements: Applicant must possess the 94R MOS as a primary, secondary or alternate MOS.

4. Select Reserve Bonus Consideration: Any change in a Soldier's MOS, except as provided by normal rank progression as outlined in DA PAM 611-21, is not allowed and will terminate that Soldier's Select Reserve Incentive Program bonus, with recoupment. Accepting a SWVA slot is voluntary change of MOS and falls outside of normal rank progression. Please consult your bonus contract and the Education & Incentives office at State if you have any questions.

5. Who May Apply: Current MOARNG Soldiers in grades E3 to E5 who hold the MOS as a primary, secondary or alternate MOS or those who can be awarded the MOS without attending reclassification training, and E5 Active Army and USAR Soldiers who are 94R MOS qualified.

   a. Any Soldier who is not on the current EPS list. Transfer into the para/line is authorized. Upon completion of the requirements for promotion (MOSQ, NCOES, TIG, TIS), all pertinent information will be sent to NGMO-PER-E for the next scheduled EPS Board or STAB. Once the Soldier appears on the EPS list, a request for promotion can
be submitted. See the MOARNG 2015 EPS MOI, dated 16 September 2014, and Change 1, dated 23 October 2014, for further promotion eligibility criteria.

6. **Interested Soldiers** must complete the attached application and all required documentation to 35th CAB, ATTN: MSG Charles S. Cook or SSG Chris M. Neal, 2100 Clarendon Rd., Sedalia, MO 65301 or via email at charles.s.cook18.mil@mail.mil/christopher.m.neal6.mil@mail.mil NLT 20 May 2015. Reference EPS Control # SWVA 15-0066 on all documents.

7. All units will post this announcement on the unit bulletin board and in their monthly newsletter thru the suspense date.

FOR THE ADJUTANT GENERAL:

[Signature]

JOHN FRANCIS
LTC, AV, MOARNG
MCMB OIC

Encl
**APPLICATION FOR VACANCY ANNOUNCEMENT**

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<thead>
<tr>
<th>Announcement #</th>
<th>POSITION TITLE &amp; LOCATION</th>
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<tbody>
<tr>
<td>NAME: (Last, First, Middle)</td>
<td>RANK</td>
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<tr>
<td>CURRENT ADDRESS: (Street, City, State, Zip Code)</td>
<td>Contact PHONE #</td>
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<td>Contact EMAIL Address:</td>
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Currently Deployed? YES / NO - If YES, Unit and Location -

**REQUIRED DOCUMENTS CHECKLIST**

**INCOMPLETE PACKETS WILL BE RETURNED**

1) Copy of DA Form 2-1

2) Copy of most recent ASVAB Scores on a REDD Report or page 1 of DD 1966 series

3) E5 and above - Copies of last 3 NCOERS. If 3 NCOERs are not available, supplement with a recommendation memo from Platoon Sergeant, 1SG or Commander.

4) E3 & E4 - Recommendation memo from Platoon Sergeant, 1SG or Commander.

5) Copy of DA Form 705 (Army Physical Fitness Test Card). The latest 'RECORD' test must be within 12 months.

6) Copy of DA Form 3349 (Physical Profile) and MMRB results (if applicable)

7) Copy of DA Form 5500-R or 5501-R (Body Fat Worksheet) (if applicable)

8) Memorandum from unit stating whether or not unfavorable actions or flags are pending.

9) Security Clearance Verification (type/date) (if applicable)

10) Signed SWVA Statement of Agreement

**SIGNATURE ___________________________ DATE ___________________________**