

LA State Guard Application

Applicant Information

Full Name: _____ Highest Prior Rank: _____
Last First M.I.

Date of Birth: _____ Last 4 of SSN: _____

Home of Record: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Last Component & Unit of Assignment: _____

PEBD: _____ Last Date of Service: _____

Attachments

Copy of DA Form 2-1 or equivalent?	YES	NO	Copies of specialized degrees or certificates?	YES	NO
Copy of DD 214, NGB 22 or equivalent?	YES	NO	Copy of certificate of highest military school completed?	YES	NO
Resume (optional if prior service)?	YES	NO			

Requested Assignment: _____

Civilian Employer: _____

YES NO

Are you currently available to serve on State Active Duty if requested?

Please list any special skills or expertise that could assist LANG during an emergency response?

Banking Information

Bank Name: _____

Account Number: _____ Routing Number _____

Signature _____ Date _____