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| **LOUISIANA NATIONAL GUARD MERIT PLACEMENT QUESTIONNAIRE FORM**  (USE IN CONNECTION WITH TECHNICIAN VACANCIES ONLY) | | | | | |
| **PRINCIPAL PURPOSE:** To determine applicants’ physical location when submitting documentation for vacant positions in the Louisiana Army and Air National Guard Technician Program. | | | | | |
| **INSTRUCTIONS**  This form must be completed in its entirety. Failure to provide requested information may result in an incomplete package. | | | | | |
| APPLICANT INFORMATION | | | | | |
| 1. NAME *(Last, First, Middle Initial)* | | | |
| QUESTIONNAIRE | | | | |
| 2. Are you currently deployed or physically located in an environment that will prevent or severely restrict your ability to meet the closing date of the Technician Vacancy Announcement?  Yes (Go to 2A)  No (Skip to block 7) | | | | |
| 2A.  Location: | | | | |
| 3.DSN PHONE NUMBER (Where you can be reached during the Technician Vacancy Announcement timeframe) | | 4. EMAIL ADDRESS (Where you can be reached during the Technician Vacancy Announcement timeframe) | | |
| 5.PSNCO or ADMIN CLERK DSN PHONE NUMBER | | 6. PSNCO or ADMIN CLERK EMAIL ADDRESS | | |
| I certify that the information contained in this form is true and accurate to the best of my knowledge. | | | | | |
| 7. SIGNATURE | |  | | 8. DATE | |

**MERIT PLACEMENT QUESTIONNAIRE FORM** (20131201) PAGE 1