

Instructions: Do not use all capital letters. Hover over a data cell for instructions or examples.

Applicant Information

Name:						
Prefix	First Name	Middle	Last Name		Suffix	
Mr./Ms./Dr.		Initial	Supervisory		Jr./Sr.	
Position Title:			Level:			
				Series Code/		
Occupational Series Title	2:	MOS:				
Pay Grade or				-		
Equivalent:	Date of Last Promotion (Month/Year):					
Current Security Clearan	rance: *DoD ID:					
Work E-Mail:						
Work Phone:	DSN Prefix (If applicable):					
*Must provide DoD ID r	number or equival	ent to Comp	oonent Rrepresent	ative for applic	ation to	
be considered complete.						
Organization Information						
organization injo		DAFA & Ot	her			
Component:						
Office Name:						
Office/Organization Mai	ling Address:					
		State	/			
City:		APO	:	Zip:		
Financial POC:	I	Financial DO	C Email:			
DODAC/	I	Financial POC Email:Agency Locator				
Unit ID Code:		Code (RM):				
	1 .					

This area does not apply to Army or Air Force Civilians.

Applicant Affirmation and Signature

I affirm that the information is complete and correct to the best of my knowledge.

Signature

Date

Note: Mouse over the data fields for an explanation of the required information.

Executive Leadership Development Program Statement of Interest

The Statement of Interest should <u>not</u> repeat information in the resume, information sheet, or other supplemental materials required for specified program. Rather, it should focus on why you should be selected as a participant in the DoD Executive Leadership Development Program.

Address the following in 500 words or less:

- your strengths and character traits that make you an ideal candidate for the program
- the contributions you will make to support your learning and that of your peers
- how attending the program fits into your professional career development plan
- the return on investment to your Component/organization and to the Department of Defense

Executive Leadership Development Program Supervisor Assessment

Immediate Supervisor Endorsement

This part is to be completed by the nominee's immediate supervisor who is thoroughly familiar with applicant's performance in order to assess his/her leadership potential.

Nominee's Name

Current Position

Grade

Supervisory Narrative

In <u>250 words or less</u>, provide an assessment of the nominee's leadership potential and how they would benefit from participating in the Executive Leadership Development Program.

Supervisor Endorsement

Based on my personal experience and discussions with this nominee, knowledge of his/her current/past performance, and review of his/her application package, this nominee is ready to participate in this program.

Immediate Supervisor's Name Immediate Supervisor's E-mail Immediate Supervisor's Phone

Executive Leadership Development Program Supervisor Assessment

Second Level Supervisor Endorsement

Based on my personal experience and discussions with the nominee's supervisor, I support the nominee's application to the Executive Leadership Development Program.

Second Level Supervisor's Name	Second Level Supervisor's Title		
Signature	Date		

Executive Leadership Development Program Acknowledgement of Program Requirements

Understanding of Program Requirements

I have read and understand the ELDP program requirements and acknowledge the travel and time requirements which may involve time outside regular duty hours to complete graduation requirements. I have also spoken with my organizational/Component leadership to ensure they understand and support these requirements as well.

Nominee's Signature

Date

Immediate Supervisor's Signature

Date

BIOGRAPHY TEMPLATE

Name Title Component/Organization

<Insert a One Paragraph Narrative here highlighting your Strengths>

PROFESSIONAL WORK EXPERIENCE: EDUCATION: SIGNIFICANT TRAINING: CERTIFICATIONS: AWARDS AND HONORS: PROFESSIONAL MEMBERSHIPS AND ASSOCIATIONS/PUBLICATIONS: