# NOMINEE INFORMATION SHEET FOR DOD LEADER DEVELOPMENT PROGRAMS

**Name:** _____

*Prefix: Mr./Ms./Dr. First Name* *Middle Initial* *Last Name* *Suffix: Jr./Sr.*

**Preferred name for Graduation Certificate:** _____

*(e.g. Jane E. Doe; Jane E. Doe, PhD; Jane E. Doe, COL)*

**Organizational Name and Office Symbol**: _____

**Component**: ☐ Army ☐ Navy ☐ Air Force ☐ Intelligence

☐ Other DoD Agency/Activity or Interagency: _____

*(Specify agency in space provided)*

**Occupational Community:** (*DCELP Only*): ☐ Acquisition ☐ Financial Management ☐ Human Resources ☐ Other: _____

**Position Title:** _____

**Occupational Series (4-digit code):** _____ ***CAC/EDIPI #:** _____

**Pay Plan/Pay Schedule:** _____ ***If not GS, list equivalent GS Grade Level*:** _____

**Date of Last Promotion (Month/Year):** _____

**Current Security Clearance:** _____ **Date Issued:** _____

*(DSLDP & ELDP Only)*

**Work E-mail Address:** _____ **Office Phone Number:** _____

**DSN Prefix (if applicable):** _____

**Alt E-Mail Address:** _____ **Alt Phone Number:** _____

**Complete Organizational Mailing Address:**

_____

*Number* *Street* *Suite*

_____

*City* *State* *Zip*

**Nominee Signature:** _____ **Date:** _____

***Must provide CAC/EDIPI number to Component Representative for application to be considered complete.**

## STATEMENT OF INTEREST FOR DOD LEADER DEVELOPMENT PROGRAMS

The Statement of Interest should not 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 specified DoD Leader Development Program.

Address, in 500 words or less, the following:

- what you consider to be your major strengths and qualifications for the program
- the contributions you will add/bring to the program
- 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
- reason for requesting the desired PME school ***(DSLDP Only)***

## DEFENSE CIVILIAN EMERGING LEADER PROGRAM (DCELP) SUPERVISOR ASSESSMENT

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

**Nominee's Name**: _____

**Current Position**: _____

**Current Position level:** ☐ **Employee** ☐ **Team Leader**
☐ **Member of Fellowship Program**

Please rate the nominee's PROFICIENCY in each of the following competencies (this information is used only to obtain a "before and after" snapshot of the nominee):

| Competencies | Current Proficiency | | |
|---|---|---|---|
| | Needs Development[1] | Proficient[2] | Outstanding/ A Personal Strength[3] |
| **Interpersonal Skills** | ☐ | ☐ | ☐ |
| **Integrity/Honesty** | ☐ | ☐ | ☐ |
| **Written Communication** | ☐ | ☐ | ☐ |
| **Oral Communication** | ☐ | ☐ | ☐ |
| **Continual Learning** | ☐ | ☐ | ☐ |
| **Public Service Motivation** | ☐ | ☐ | ☐ |
| **Leveraging Diversity** | ☐ | ☐ | ☐ |
| **Flexibility** | ☐ | ☐ | ☐ |
| **Resilience** | ☐ | ☐ | ☐ |
| **Problem Solving** | ☐ | ☐ | ☐ |
| **Customer Service** | ☐ | ☐ | ☐ |
| **Mission Orientation** | ☐ | ☐ | ☐ |
| **Team Building** | ☐ | ☐ | ☐ |
| **Decisiveness** | ☐ | ☐ | ☐ |
| **Influencing/Negotiating** | ☐ | ☐ | ☐ |
| **DoD Mission and Culture** | ☐ | ☐ | ☐ |

[1] Applies the competencies in somewhat difficult situations; requires frequent guidance.
[2] Applies the competencies in difficult situations; requires only occasional guidance.
[3] Applies the competencies in exceptionally difficult situations; serves as a key resource and advises others.

## Supervisory Narrative

In 250 words or less, provide a narrative that cites your unique perspective on the nominee's proficiencies indicated above.

## Supervisory and Leadership 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 Title**: _____

**Immediate Supervisor E-mail**: _____

**Immediate Supervisor Phone**: _____

_____ _____
Immediate Supervisor Signature Date

**Second Level Supervisor Title**: _____

_____ _____
Second Level Supervisor Signature Date

## Understanding of Program Requirements

☐ **I have read and understand the DCELP program requirements and acknowledge some requirements may involve time during regular duty hours to complete. I have also spoken with my organizational/Component leadership to ensure they understand these requirements as well.**

| | |
|---|---|
| Nominee Signature | Date |
| Supervisor's Signature | Date |

# SUPPLEMENTAL NOMINEE INFORMATION FOR DCELP

## DEFENSE CIVILIAN EMERGING LEADER PROGRAM (DCELP)

## RESUME TEMPLATE (MAXIMUM OF 6 PAGES)

Please be sure to include all of the following items:

**Contact Information**:
Name
Home: Address, Phone, Fax, and E-mail (optional)
Work: Address, Phone, Fax, and E-mail (required)

**Education**:
School(s) (name and location)
Degree earned, graduation date
Major field of study for each undergraduate and graduate degree
Non-degree studies:
School, location, major field of study, undergraduate/graduate credit hours earned

**Experience/Work History**:
Dates, title, grade, agency/company, location, responsibilities/achievements. Focus on results. Be sure to highlight position(s) involving formal supervisory experience. Also, include grade/rank for each position.

**Defense/Government Sponsored Training** (to include leadership training):
School and course title, date (include sponsoring institution, e.g., Defense Systems Management College, Information Resources Management College/NDU, OPM FEI or Management Development Centers)

**Skills/Accomplishments**:
Skills, e.g., computer, languages; publications; certifications; licensure; clearances

**Activities and Honors**:
Community service, awards, professional memberships, hobbies