

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: ___ Acquisition ___ Financial Management
(DCELP Only): ___ Human Resources ___ Other: _____

Position Title: _____

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

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 Employee Identification 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*)

EXECUTIVE LEADERSHIP DEVELOPMENT PROGRAM (ELDP) SUPERVISOR ASSESSMENT

This part is to be completed by the nominee’s immediate supervisor (member who is thoroughly familiar with applicant’s performance in order to assess leadership potential).

Nominee’s Name: _____

Current Position: _____

Current Position level: ___ Employee ___ Team Leader ___ Supervisor

Please rate the nominee’s PROFICIENCY in each of the following competencies:

Competencies	Current Proficiency		
	Needs Development ¹	Proficient ²	Outstanding/ A Personal Strength ³
Interpersonal Skills			
Integrity/Honesty			
Communication (Written & Oral)			
Flexibility			
Resilience			
Team Building			
Creativity and Innovation			
Leveraging Diversity			
Conflict Management			
Developing Others			
National Security Strategy			

Proficiency in which member applies competencies:

- ¹ In somewhat difficult situations; requires frequent guidance.
- ² In difficult situations; requires only occasional guidance.
- ³ In exceptionally difficult situations; serves as a key resource and advises others.

EXECUTIVE LEADERSHIP DEVELOPMENT PROGRAM (ELDP) 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** ___ **Supervisor**

Supervisory Narrative

In 250 words or less, provide an assessment of the nominee's supervisory/managerial potential and how ELDP will benefit the nominee and the Department of Defense.

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

EXECUTIVE LEADERSHIP DEVELOPMENT PROGRAM (ELDP) SUPERVISOR ASSESSMENT

Second Level Supervisor Title: _____

Second Level Supervisor Signature

Date

Understanding of Program Requirements

I have read and understand the ELDP 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

BIOGRAPHY SAMPLE FOR DOD LEADER DEVELOPMENT PROGRAMS

Name Title
Component/Organization

<Insert a One Paragraph Narrative beginning here>

CAREER CHRONOLOGY:

-
-
-

COLLEGE:

-
-
-

SIGNIFICANT TRAINING:

-
-
-

CERTIFICATIONS:

-
-
-

AWARDS AND HONORS:

-
-
-

PROFESSIONAL MEMBERSHIPS AND ASSOCIATIONS:

-
-
-