

2022 NAVFAC ASPIRING LEADER DEVELOPMENT PROGRAM APPLICATION

PART I PERSONAL INFORMATION: TO BE COMPLETED BY APPLICANT

Applicant Name:	Applicant Work Number:	Applicant Cell Number (optional):
Applicant Work e-mail address:	Applicant Home e-mail address (optional):	
Organization Code (SF-50 Block 42): Work Center (SF-50 Block 43):	Position Title:	PP/Series/Grade:
Geographic Location:	Business or Support Line:	
Command:	DAWIA Career Field:	
Supervisor:	Contact Number:	Email:
2nd line Supervisor:	Contact Number:	Email:

PART II UNDERSTANDING OF PROGRAM REQUIREMENTS: TO BE COMPLETED BY APPLICANT

The NAVFAC ALDP requirements are listed below. Please read each item carefully and indicate your agreement or disagreement to fulfill each requirement.

Agree	Disagree	Program Requirements
		I understand the objective of the NAVFAC ALDP is to further prepare the workforce with the competencies for management and leadership.
		I understand and accept travel may be required. Failure to travel will require reimbursement for associated training costs already incurred by NAVFAC.
		I have the existing computer skills required to communicate, write and manage information electronically for the purpose of training.
		I understand that acceptance into the program provides an opportunity to develop managerial leadership skills within my current grade position ONLY. This program does not guarantee promotion or job opportunities.
		I understand and accept that I must sign a Continued Service Agreement (CSA) if accepted to participate in the ALDP. The CSA period will last six months on the first business day after the last day of course. Tentative CSA period is as follows: East Coast session: 22 August 22 to 22 February 22 West Coast session: 19 September 22 to 19 March 22

The selection and development of each Aspiring Leader Development Program participant will be in accordance with merit system and equal employment opportunity principles and requirements. All eligible employees are encouraged to apply.

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PART III COMPUTER STATEMENT: TO BE COMPLETED BY APPLICANT

As part of the NAVFAC ALDP, I understand if selected to participate, I will be required to complete assignments on time and communicate with my peers and instructors electronically.

Specifically, Selectees must be able to:

- Open and close application software (i.e., Microsoft Word, PowerPoint)
- Create, save, store, rename, organize, move, copy, delete files or folders
- Use the tool bar
- Copy and paste
- Use HELP Tool
- Use a search engine
- Manage email

*Note: Current computer access is not a requirement of the ALDP application. ALDP participants may be eligible to receive a laptop computer for the duration of the program.

I certify that I am able to complete the computer requirements of the NAVFAC ALDP.



Applicant Signature



Date

RESUME TEMPLATE

Instructions: The resume should be no longer than three pages in length. Do not include the Resume Template as part of your application package. Please include each of the following items:

Contact Information:

Name:

Home: Address, Phone, and Email (optional)

Work: Address, Phone and Email (optional)

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 (in the last 10 years):

For each position, include the job title, series/grade level. Agency/company, start and end employment dates, responsibilities/achievements. Focus on results.

Highlight position(s) involving leadership/supervisory experience.

Navy/Government Sponsored Training (in the last 10 years):

School/sponsoring institution (e.g. Defense Acquisition University), course title, date. May include short description.

Skills/Accomplishments:

Skills (e.g., computer, languages); publications; certifications; licenses; clearances

Activities, Honors and Awards:

Community Service, performance awards, awards and professional memberships

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PART V SELF-EVALUATION: TO BE COMPLETED BY APPLICANT	
Applicant Name:	Position Title:
<p>For each of the questions listed below, rate yourself on the scale shown below, with 4 being Strongly Agree and 1 being Disagree by selecting the number that you feel most closely represents your feelings about the statement.</p>	
<p>(4) Strongly Agree: My work always reflects this characteristic, and I enjoy mentoring others within my organization or work group.</p>	
<p>(3) Agree: My work usually reflects this characteristic.</p>	
<p>(2) Somewhat Disagree: I believe this characteristic is important. I am capable; however, I do not demonstrate that characteristic in the workplace.</p>	
<p>(1) Disagree: I don't believe this characteristic is relevant to leading others.</p>	
Selection Factors	Rating
1. Work Ethic - I value hard work; I am reliable; and, I am diligent in my work habits.	1 2 3 4
2. Problem Solving Skills - I handle work problems by analyzing the situation, defining the problem, identifying potential solutions; and determining the most appropriate solution.	1 2 3 4
3. Interpersonal Skills - I communicate effectively verbally and in writing.	1 2 3 4
4. Productivity - I incorporate quality and efficiency into work-related tasks.	1 2 3 4
5. Organizational Commitment - I support and promote my organization's mission and vision, and I am committed to my organization.	1 2 3 4
<div style="display: flex; justify-content: space-around; margin-top: 50px;"> <div style="border: 1px solid black; width: 250px; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 250px; height: 40px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-around;"> Applicant Signature Date </div>	

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PART VI SELF-EVALUATION (CONTINUED): TO BE COMPLETED BY APPLICANT	
In 500 words or less explain your ratings and provide examples of how you demonstrated each selection factor listed on the previous page: Work Ethic, Problem Solving Skills, Interpersonal Skills, Productivity, and Organizational Commitment	
Applicant Name:	Position Title:

Sign	Date
Applicant Signature	

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PART VIII SUPERVISOR EVALUATION: TO BE COMPLETED BY IMMEDIATE SUPERVISOR AND RETURNED TO THE APPLICANT. THE APPLICANT WILL SUBMIT AS PART OF THE APPLICATION PACKAGE.

Applicant Name:

Supervisor Name:

Applicant Position Title:

Duration under supervision:

Directions: For each of the questions listed below, rate your employee based on his/her self evaluation rating assessment on the scale below with 4 being Strongly Agree and 1 being Disagree.

(4) Strongly Agree: Applicant consistently demonstrates this characteristic and is a valued member of our organization.

(3) Agree: Applicant has demonstrated this characteristic.

(2) Somewhat Disagree: Applicant is capable of demonstrating this characteristic; however, prefers not to assume leadership roles within our work group, team, or organization.

(1) Disagree: Applicant has not demonstrated an understanding of this characteristic.

Selection Factors	Rating			
1. Work Ethic - This applicant values hard work; is reliable; and, is diligent in his/her work habits.	1	2	3	4
2. Problem Solving Skills - This applicant handles work problems by analyzing the situation, defining the problem, identifying potential solutions; and determining the most appropriate solution.	1	2	3	4
3. Interpersonal Skills - This employee communicates effectively verbally and in writing.	1	2	3	4
4. Productivity - This employee incorporates quality and efficiency into work-related tasks.	1	2	3	4
5. Organizational Commitment - This employee supports and promotes his/her organization's mission and vision and is committed to the organization.	1	2	3	4

Supervisor Signature

Date

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PART IX SUPERVISORY LETTER OF RECOMMENDATION: TO BE COMPLETED BY IMMEDIATE SUPERVISOR AND RETURNED TO THE APPLICANT. THE APPLICANT WILL SUBMIT AS PART OF THE APPLICATION PACKAGE.

Directions: In 250 words or less, provide a written assessment of the APPLICANT'S leadership potential and how the ALDP will benefit the applicant and NAVFAC.

Applicant Name: <input type="text"/>	Supervisor Name: <input type="text"/>
Applicant Contact Number: <input type="text"/>	Supervisor Contact Number: <input type="text"/>

<div></div>

Overall Supervisory Rating:

DIRECTIONS: Using the 4 Point scale below, please evaluate the applicant on the potential for being successful in the ALDP.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Somewhat Disagree
- ☐ Disagree

SUPERVISOR NAME <input type="text"/>	DATE <input type="text"/>
SUPERVISOR SIGNATURE <input type="text"/>	DATE <input type="text"/>

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PART X SENIOR MANAGEMENT ENDORSEMENT: TO BE COMPLETED BY ANY OF THE FOLLOWING: **BUSINESS LINE LEADER, SUPPORT LINE LEADER, OR PUBLIC WORKS OFFICER/DEPUTY PUBLIC WORKS OFFICER (PWO/DPWO).** RETURN TO THE APPLICANT TO SUBMIT AS PART OF THE APPLICATION PACKAGE.

Applicant Name:	Supervisor Name:
Position Title:	Grade/Series:

TO: NAVFAC Business Director

SUBJ: Senior Management Endorsement for

Ref: **NAVFAC ALDP**

ORG CODE: ()

☐ I concur with the supervisor's recommendation and will fully support this employee's participation in the 6-month NAVFAC **ALDP**.

☐ I am unable to support participation in the **ALDP**.

Please provide comments on the candidate's readiness to participate in the ALDP:

SENIOR MANAGEMENT SIGNATURE

DATE