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 addr	ess (option	nal):	
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 is 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.		

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.

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 con	nputer requirements of the NAV	FAC ALDP.
Applicant Signature		Date

PART IV SELF-EVALUATION: TO BE COMPLETED BY APPLICANT					
Applicant Name:	Position Title:				
For each of the questions listed below, rate yourself on the scale Disagree by selecting the number that you feel most closely repr					ng
(4) Strongly Agree: My work always reflects this characteristic, and I enjo	y mentoring others v	vithin my orga	nization or v	work group.	
(3) Agree: My work usually reflects this characteristic.					
(2) Somewhat Disagree: I believe this characteristic is important. I am cap	pable; however, I do i	not demonstra	ate that char	acteristic in t	the workplace.
(1) Disagree: I don't believe this characteristic is relevant to leading other	rs.				
Selection Factors Selection Factors			Ra	ting	
1. Work Ethic - I value hard work; I am reliable; and, I am d work habits.	iligent in my	1	2	3	4
2. Problem Solving Skills - I handle work problems by analy situation, defining the problem, identifying potential solut 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
Applicant Signature	Date				

DARTIVOELE EVALUATION (CONTINUED) TO SECO	NADIETED SY	ADDUCANT	
PART V 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:
			11
ign			Date
Applicant Signature			

PART VI STATEMENT OF PURPOSE: TO BE COMPLETED BY APPLICANT		
Your Statement of Purpose is an opportunity to directly address the Selection Board. In 500 words or less explain why you should be selected to participate in the ALDP, how the ALDP will benefit you, and how it will benefit NAVFAC?		
Applicant Name:	Position Title:	
Sign		Date
Applicant Signature		

PART VII 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: Superv	isor Name:				
Applicant Position Title: Duration	on under supervision:				
Directions: For each of the questions listed below, rate your embelow with 4 being Strongly Agree and 1 being Disagree.	nployee based on his	s/her self evalu	ation rating	g assessmei	nt on the scale
(4) Strongly Agree: Applicant consistently demonstrates this charact	eristic and is a valued	member of our	organization		
(3) Agree: Applicant has demonstrated this characteristic.					
(2) Somewhat Disagree: Applicant is capable of demonstrating this chawork group, team, or organization.	aracteristic; however,	prefers not to a	ssume leade	rship roles w	ithin our
(1) Disagree: Applicant has not demonstrated an understanding of thi	s characteristic.				
Selection Factors			Ra	ting	
1. Work Ethic - This applicant values hard work; is reliable	le; 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 effer and in writing.	ectively verbally	1	2	3	4
4. Productivity - This employee incorporates quality and into work-related tasks.	l efficiency	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			

PART VIII SUPERVISORY LETTER OF RECOMMENDATION: TO BE COMPLETED BY **IMMEDIATE SUPERVISOR** AND RETURNED TO THE APPLICANT. THE APPLICANT WILL SUBMITAS 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.

and NAVFAC.	
Applicant Name:	Supervisor Name:
ApplicantContactNumber:	Companies Contact Number
Applicant Contact Number .	Supervisor Contact Number:
Overall Supervisory Rating:	
DIRECTIONS: Using the 4 Point scale below, please evaluate th	e applicant on the potential for being successful in the ALDP.
Strongly Agree	
Agree	
Somewhat Disagree	
Disagree	
SUPERVISOR NAME	DATE
SUPERVISOR SIGNATURE	DATE
I	

PART IX 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 month NAVFAC ALDP. I am unable to support participation in the ALDP. Please provide comments on the candidate's readiness.	
SENIOR MANAGEMENT SIGNATURE	DATE