

**2016 Job Shadowing (JSP), Local Developmental Assignment Program (LDAP),  
and Garrison Mentoring Program (GMP): Phase I - Call for Applications**

**Employee Engagement Application**

This application is to provide the United States Army Garrison (USAG) Fort Campbell workforce with various opportunities for personal and professional development. The program selection is a shared responsibility between supervisors, managers, and employees. The engagement programs are designed to meet the command's long-term performance needs in the most productive and efficient ways possible. The overall intent is to have engaged employees with enhanced skills at their current position.

Participation in any of the programs is voluntary and participation can be withdrawn at any time. The employee will be given reasonable duty time for program activities at the discretion of the supervisor. **PARTICIPATION IN THE PROGRAM IS NOT A GUARANTEE OF TRAINING, ASSIGNMENT, PROMOTION, OR CAREER ADVANCEMENT.** All recommended formal training courses and related events are subject to applicable regulations and availability of funds.

Application submission is a commitment from the applicant to complete all program requirements. This may include a commitment of personal time.

Name:	Branch, Directorate/Agency:
Job Title:	Email:
Phone Number:	Pay Plan, Job Series and Grade:
Career Program/Field - Yrs in CP/CF:	Total Yrs Federal Service:
Highest CES Level (DL/RES/Completed/Wait List):	SDC (Res/On-line):
Supervisor's Name, Title, Email, and Phone Number:	
List any civilian certifications and education level:	
Which of the following opportunities do you believe would be best suited to your goals and objectives? I am applying for JSP , or LDAP , or GMP (as a mentee). (Select one)	
Why did you select this program?	
Provide up to three USAG organizations where you believe this opportunity would best be performed.	

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List job titles of previous positions held in the past 5 years:
List significant training received in the last 5 years.
List your significant awards received in last 10 years.
What personal self-development goals have you completed based on your last 3 Individual Development Plans?
What are your current personal self-development goals and expectations?
What are your long-term personal self-development goals (5-10 years) and expectations?
What professional career goals have you completed based on your last 3 Individual Development Plans?
What are your current professional career goals and expectations?
What are your long-term professional career goals (5-10 years) and expectations?
How do you learn? [By Listening, By Seeing (Visual), By Experiencing (Touching), and/or Other]

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What special knowledge, skills, competencies, and experience do you bring to this opportunity?

What are your top three strengths and why?

What are your top three weaknesses and why?

Applicants Statement of Interest: Please explain why you are applying for this program, what you hope to accomplish from participating (how does this opportunity help you achieve your goals), and how can you apply the learning experience to better your current organization (return on investment)?

Applicant's Agreement:

I request consideration to participate in the selected program. I understand participation is voluntary and I may withdraw at any time. At the discretion of my supervisor, I may be given reasonable duty time for program activities. **My participation in this program is not a guarantee of training, assignment, promotion, or career advancement.** I understand that if selected for this program, I will be expected to complete all program requirements. I also understand completion of this program may require the commitment of personal time.

I certify that the information contained in this application and in the attachments are accurate and reflects my qualifications and desires.

Applicant Signature

Date

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<u>Immediate Supervisor Recommendation:</u>	
Describe why you are recommending this applicant for the selected program, what are your expectations of the employee upon completion of this program, and how your organization will benefit from the applicant's participation?	
<u>Immediate Supervisor Endorsement:</u>	
I validate that the information provided in this application is correct to the best of my knowledge. I support my employee's application and participation in the selected program. I understand if selected, that during my employee's involvement in the program, I will provide on-duty time to complete program requirements.	
Immediate Supervisor Signature	Date
<u>Recommend Approval/Disapproval (explain any recommendations of disapproval):</u>	
2d Line Supervisor (if applicable) Signature	Date
<u>Approved/Disapproved (explain any disapproved decisions):</u>	
Director/Activity Chief Signature	Date

**\*Incomplete packets will be returned.**

\*\*Size of above boxes can be expanded to include additional important information.

\*\*\*Forms and any accompanying documents will be forwarded to the Workforce Development Program Manager, Mr. Duane Soumis, [duane.e.soumis.civ@mail.mil](mailto:duane.e.soumis.civ@mail.mil), WFD Program Manager, Fort Campbell, KY, 270-412-3104.

Applicant's current Civilian Record Brief – Tab A

Applicant's current Individual Development Plan – Tab B

Applicant's last two Evaluations – Tab C

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