# FAPAC Career Development Program (CDP)

# 2017 APPLICATION FORM

*It is the policy of FAPAC to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability. In order to be eligible, applicants must be able to participate in all CDP activities and commit to the entire duration of the program (April-Oct 2017).Training session are held in the Washington, DC metro area and may be available for live streaming. Application form and resume are due 5:00pm EST on February 17, 2017.*

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| **APPLICANT INFORMATION:**  \*I am applying as a: Mentor (GS-14 orhigher) Mentee (GS-13 or lower) |  |

First Name: Click here to enter text. Last Name: Click here to enter text. MI: Click here to enter text.

Street Address: Click here to enter text. Apartment/Unit#: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Postal Code: Click here to enter text.

Primary Phone Number: Click here to enter text.  Email Address: Click here to enter text.

Are you a FAPAC Member?

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| Yes, I am a member of FAPAC. Name of FAPAC Chapter: Click here to enter text.  No, I am not a FAPAC member.  I intend to join FAPAC at a later date. |  |

**EDUCATION BACKGROUND:**

Institution: Click here to enter text.

Highest Degree obtained: Click here to enter text. Graduation Date: Click here to enter text.

Major: Click here to enter text. Minor: Click here to enter text.

**PROFESSIONAL EXPERIENCE:**Current Employer: Click here to enter text.

Position Title: Click here to enter text. Is this a supervisory position? Choose an item.

Pay Plan: Click here to enter text. Series: Click here to enter text.

Grade: Click here to enter text. Step: Click here to enter text.

Major Duties: Click here to enter text.

Year of Professional Experience: Click here to enter text.

If the above list does not apply, please describe: Click here to enter text.

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| **VOLUNTEER EXPERIENCE:**  *Indicate your community service or volunteer experience.*  Organization: Click here to enter text.  Role: Click here to enter text.  Responsibilities: Click here to enter text.  Years of Volunteer Experience: Click here to enter text.  **DEMOGRAPHIC INFORMATION (optional for statistical purposes) :**  Gender: Click here to enter text. Age: Click here to enter text. Ethnicity (Origin): Click here to enter text. |

**PERSONAL GOALS:**

What do you expect to gain from participating in the Career Development Program as a Mentee/Mentor?

Click here to enter text.

How do you envision yourself contributing to the overall program success?

Click here to enter text.

Which goals are you considering as you join the Career Development Program?

Change of career path

Leadership/Management/SES Training

Personal development (beliefs/values)

Networking & Personal branding

Other (specify): Click here to enter text.

**PERSONAL PREFERENCES**:

Which mentoring method(s) do you prefer?

One on one

Group mentoring

In-person mentoring

Remote mentoring (by phone or online video)

No preference

Would you prefer to have a Mentor/Mentee of the same gender or different gender?

Same gender

Different gender

No preference

FOR MENTORS ONLY:

a. Do you possess:  5+ years of working experience in supervisory capacity?

8+ years of working experience in federal sector?

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| --- | --- | --- |
| b. Are you interested in becoming a FAPAC workshop presenter or a facilitator for future FAPAC events?  Yes  No |  |  |

FOR MENTEES ONLY:

Would you prefer to have a mentor from a *different professional field*?

|  |
| --- |
| Yes, please match me with someone outside of my field |
| No, I prefer a mentor from the same field |
| No preference |

**AGREEMENT/SIGNATURE**

By submitting this application, I affirm that the facts set forth are true and complete.  If accepted, I am committed to meeting the program requirements as presented. I understand that FAPAC reserves the right to assign participants according to individual circumstances, but final assignments are subject to a variety of factors, i.e. agency support, individual preferences, and availability of mentors/mentees. I authorize FAPAC to use the provided data for Career Development Program purposes.

Signature: Date:

**Please submit the form and resume via email to** [**Mentoring@fapac.org**](mailto:Mentoring@fapac.org)

**by 5:00pm EST on February 17, 2017.**