**FAPAC Career Development Program for High Performers (CDP)**

**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.*

|  |  |
| --- | --- |
| **APPLICANT INFORMATION:**\* I am applying as [ ]  Mentor [ ]  Mentee  |  |
| \*My email address: Click here to enter text. |  |

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

Day Phone:  Click here to enter text. Cell: Click here to enter text.

|  |  |
| --- | --- |
| **MEMBERSHIP INFORMATION**: [ ]  I am not a member but intend to join FAPAC at a later date. [ ]  I am a member of listed FAPAC. [ ]  I am a lifetime FAPAC member.Name of the Chapter/Member Organization: Click here to enter text. |  |

**EDUCATION BACKGROUND:**

[ ]  High School

[ ]  Associate Degree

[ ]  Undergraduate

[ ]  Graduate

[ ]  Post-Graduate

**EDUCATION BACKGROUND [continued]:**

[ ]  Certificate

[ ]  Other Training

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

**OCCUPATIONS:**Please check the following to indicate your knowledge or specializations that apply to your current job category/position:

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.

Position Title: Click here to enter text.

Duties: Click here to enter text.

Is this a supervisory position? Choose an item.

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

|  |
| --- |
| **DEMOGRAPHIC INFORMATION (optional for statistical purpose) :**Gender: Choose an item. Age: Click here to enter text. Ethnicity (Origin): Click here to enter text. |

**PERSONAL GOALS:**

Please briefly describe what your aspirations and goals in this program (may submit this as an attachment):

Mark the checkbox(es) to the left of the goal(s) below that relate to your aspirations:

|  |  |  |
| --- | --- | --- |
|[ ]  Career Advancement & Planning |[ ]  Leadership/Management/Supervision |[ ]  Self-Improvement |
|[ ]  Networking & Outreach |[ ]  Beliefs/Values |[ ]  Community Contribution |
|[ ]  OTHER (Specify): Click here to enter text. |

**PERSONAL PREFERENCES**:

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 services?

|  |  |  |
| --- | --- | --- |
| b. Are you interested in becoming a FAPAC workshop presenter or a facilitator at 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**

**AGREEMENT AND SIGNATURE**

By submitting this application, I affirm that the facts set forth in it 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.

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

Signature: Date:

Date: Click here to enter a date.

*As part of the mentoring process, the Mentor may request the Mentee’s IDP and related documents to be used in the assessment and development process.  Often, the Mentor coaches the Mentee in converting the latter’s weakness into strength.*

Please submit the form via email to Mentoring@fapac.org.