

APPLICATION FOR 2015
CP-29 DEVELOPMENTAL ASSIGNMENT PROGRAM

INSTRUCTIONS

Thank you for your interest in the CP-29 Developmental Assignment Program (DAP). In order to be considered, the following documents must be received via encrypted email by CP-29 Proponent Office, usarmy.jbsa.imcom-hq.mbx.mycareer29@mail.mil no later than **4 p.m. EST, 14 Nov 2014**:

1. Completed application form approved by your supervisor and Activity Career Program Manager
2. Copy of your Civilian Record Brief (CRB)
3. Copy of your Individual Development Plan (IDP) approved by your supervisor
4. Copy of last three DA Form 7222 evaluations with one blocks for overall performance ratings

Attach all four documents in one encrypted email with "2015 CP29 Developmental Assignment Application" as the subject line. Name your attachments using the following format:

Your Last Name_Your First Name_2015_CP29DAP_APPLICATION

Your Last Name_Your First Name_2015_CP29DAP_CRB

Your Last Name_Your First Name_2015_CP29DAP_IDP

Your Last Name_Your First Name_2015_CP29DAP_RATINGS

Take ample time to ensure that your documents are accurate and up-to-date prior to submission. Late or incomplete applications will not be considered. Information on how to obtain your Civilian Record Brief (CRB), create an Individual Development Plan (IDP) and/or contact your Activity Career Program Manager (ACPM) can be found in Army Career Tracker at <https://actnow.army.mil/>.

For questions, contact CP29 Proponency Office at: usarmy.jbsa.imcom-hq.mbx.mycareer29@mail.mil

Name:	Job title	Pay Plan/Series/Grade
Work mailing address:	E-mail address:	Telephone: (Commercial and DSN):
Organization (Spell out):	Total years Federal Service:	Highest level of CES completed:
Supervisor's name and title		Supervisor's Telephone:
Work Experience (Job Title, Organization, Location, Dates)		

Education (Degree, Field of Study, Name of School, Location, Date of Graduation, and GPA)

Significant Training (Name, Provider, Location, Dates attended)

Awards (Name, Provider, Dates received)

List any ACTEDS-funded activities (e.g. classroom courses, Internships, Developmental Assignments) you have participated in since 2009. Include activities you are currently participating in and any future activities for which you have already received approval (Name, Location, Dates)

STATEMENT OF INTEREST: In 500 characters or less, explain your motives for applying for this program and what you hope to gain.

UTILIZATION PLAN (To be completed by Supervisor): In 500 characters or less, explain how your organization will benefit from the applicant's participation in the program.

Functional Areas requesting DAP assignment (List up to three and indicate order of preference) (e.g. OPS, PAIO, DPTMS, HR, DPW)

APPLICANT CERTIFICATION

CP-29 DAP Eligibility Requirements:

1. Current permanent, full- time U.S. Army civilian employee, assigned to the Installation Management Career Program (CP-29)
2. GS 09 -13 (or NAF equivalent)
3. Completed the Civilian Education System (CES) requirements for current grade or may submit an exception of policy with justification
4. Have held a permanent Army Civilian position, or combination of permanent Army Civilian positions, for a total of three (3) or more years at time of application

I certify that I meet the above CP-29 DAP eligibility requirements and if selected for the CP-29 DAP, I am willing to comply with the terms of a Continued Service Agreement.

Name: _____ Title: _____ Rank: _____

Signature: _____ Date: _____

ENDORSEMENTS:

Supervisor's Endorsement:

I fully support the above named applicant's participation in the CP29 Developmental Assignment Program.

Name: _____ Title: _____ Rank: _____

Signature: _____ Date: _____

Activity Career Program Manager Endorsement:

Name: _____ Title: _____ Rank: _____

Signature: _____ Date: _____

ACPM must be a Deputy Garrison Commander, Garrison Manager or GS-15 equivalent. To find your local ACPM please go to the CP29 Army Career Tracker (ACT) website, <https://actnow.army.mil> and click on the article titled "CP29 Activity Career Program Manager (ACPM) List as of October 2014" in the News section. If not, the applicant must obtain a supplemental endorsement below from a COL or GS-15 equivalent in his or her chain of command.

SUPPLEMENTAL ENDORSEMENT:

The above named applicant is in my chain of command and I fully support this applicant's participation in the CP29 Developmental Assignment Program.

Name: _____ Title: _____ Rank: _____

Signature: _____ Date: _____

ADDITIONAL COMMENTS: