

**AIR FORCE CIVILIAN COMPETITIVE DEVELOPMENT NOMINATION FORM**

**PRIVACY ACT STATEMENT**

AUTHORITY: 10 USC 8013 AND EO 9397.

**PRINCIPAL PURPOSE:** Social security number is requested to positively identify individuals nominated for Air Force-wide Competitive Development Programs.

**ROUTINE USE:** If selected this information may be disclosed to colleges/universities for the purpose of attending program. Disclosure is voluntary; however, without social security application may be delayed.

**1. EMPLOYEE IDENTIFICATION DATA**

NAME:

\_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ SSN \_\_\_\_\_ PERMANENT PP/SERIES/GRADE \_\_\_\_\_

**DUTY TITLE:**

**CAREER PROGRAM:**

ADDRESSES:

E-MAIL:

OFFICE SYMBOL/WORK ADDRESS:

HOME ADDRESS:

WORK PHONES

COMMERCIAL:

DSN:

FAX:

**2. PROGRAM/COURSE PREFERENCE** (Does not guarantee candidate will be selected in these categories.) Candidates may request preference for specific courses or programs. They must be willing to attend programs other than those for which nominated. Most schools/programs have separate application and acceptance requirements. It is the candidate's responsibility to ensure he or she meets the acceptance requirements.

1ST

2ND

3RD

**3. EMPLOYEE STATEMENT: BULLET FORMAT.** Limited to this space. Include short-term career goal (next assignment) and long-term goal (assignment in next 5 years), specific example(s) of how the above program(s) will enhance those goals, and relevance to AF mission needs.

**a. Short-Term Goals:**

**b. Long-Term Goals:**

I understand that if selected, I must agree to continue to serve for a minimum of three times the length of course not to exceed five years, in accordance with the AF policy for service commitments, and to reimburse the AF for training costs if I fail to satisfactorily complete the program. If I arbitrarily decline after selection I will not be considered for the AF civilian competitive development program for a period of two years. I will work with my nominating organization and career program to identify a follow-on assignment appropriate to the development activity and agree to accept the assignment identified. For courses that have physical requirements, I certify, in accordance with AFI 40-502, that I meet those standards.

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

**4. ENDORSEMENT: BULLET FORMAT.** Limited to this space. Must be the first Senior Executive Service (SES) member or General/Flag Officer (GO) in the chain-of-command who is not the immediate supervisor. Must address the candidate's potential for leadership positions, how participation will provide a return-on-investment to the AF, and how training will be put to work (identify a specific post-utilization plan and/or follow-on assignment appropriate to the development activity).

**a. Management and Leadership Potential:**

**b. Return-on-Investment to the Air Force:**

**c. Follow-on Assignment (level of positions, e.g., MAJCOM, SAF/HAF, Center):**

RECOMMENDED

1ST

2ND

3RD

ENDORISING OFFICIAL SIGNATURE (Type Name, Organization and Title below the signature.)

DATE

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).