DEFENSE LOGISTICS AGENCY (DLA)
DEFENSE CONTRACT MANAGEMENT AGENCY (DCMA)
PROGRAM FOR DEVELOPING MANAGERS 2004
August 9 – September 3, 2004

2004 APPLICATION FOR ADMISSION

This application consists of three (3) pages - please type or print very clearly and complete each section. Any section not completed may affect your eligibility for admission.

Have you applied to the DLA Program for Developing Managers before? Yes No
If yes, when?

Name (first): (MI): (last):

Preferred Name:

Job Title: Grade Level:

Organization:

Organization Address:

City: State: Zip: Country:

Tel. No.: Fax No.:

E-Mail Address: No. of Years w/Organization:

Annual Salary:

Applicant's Mgmt. Level - Entry Middle Upper Middle Senior

Number of people you manage - Directly: Indirectly:

Do you have budget responsibility – Yes: No: If yes, what amount?

Function Represented - Admin: Fin/Acct: Gen/Mgmt: HR:
Legal: Logistics: Mkt/Sales: Op/Prod:
Technical: Other:

Home Address:

Home City: State: Zip: Country:

Home Tel. No.: Fax: E-Mail:

Citizenship: Age: Date of Birth:

Do you have any special dietary needs?

Do you require any type of disability accommodations?

Parenthesize your knowledge in the following subjects: [(0) = None and (4) = Proficient]

Accounting	0 1 2 3 4	Knowledge Management	0 1 2 3 4
Bus. Analysis Skills	0 1 2 3 4	Marketing	0 1 2 3 4
Communication Skills	0 1 2 3 4	Organizational Behavior	0 1 2 3 4

Attachment 4

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Education: (Beginning with most current, indicate any college experience)

College/University:	Year:	Degree/Cert.
College/University:	Year:	Degree/Cert.
College/University:	Year:	Degree/Cert.

Career History:

Organization:
Job Title and Grade:
No. of years: From: To:

Organization:
Job Title and Grade:
No. of years: From: To:

Organization:
Job Title and Grade:
No. of years: From: To:

Why do you think attending this program will strengthen your ability to achieve your professional and personal goals?

Please describe your current primary job responsibilities (*may be distributed to class and trainers*).

Please provide a personal profile, including a brief description of family, interests, and professional organizations (*may be distributed to class and trainers*).

Organization Sponsorship

Person to whom you report:

Title:

Organizational Code:

Business Address:

City: State: Zip: Country:

Tel. No. Fax: E-Mail:

Attachment 4

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If admitted to the DLA Program for Developing Managers, I agree to abide by the regulations established by the American Management Association and the Defense Logistics Agency.

Signature of Applicant: _____ Date:_____

Signature of Sponsor: _____ Date:_____

Attachment 4