

**APPLICATION  
U.S. ARMY MATERIEL COMMAND  
DEVELOPMENTAL ASSIGNMENT AND MENTORING PROGRAM**

Individuals asked or required to furnish personal information are advised of the following: AUTHORITY: 5.U.S.C. 3302. PURPOSES & USES: Your completed APPLICATION FORM for the AMC DEVELOPMENTAL ASSIGNMENT AND MENTORING PROGRAM will be used by subject matter experts in determining whether you are highly qualified for consideration. It may also be reviewed by selecting officials and other personnel involved in the selection process, in developing training plans, and in other phases of the Program. Information you supply may also be used for preparing reports, and replying to correspondence.

NAME: (Last, First, MI): (Please Type or Print) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Title, Pay Plan, Series, and Grade: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ DSN: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

Office E-mail address: \_\_\_\_\_

Major Subordinate Command / Separate Reporting Activity / HQ Staff Section: \_\_\_\_\_

Division or Installation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Manager/Supervisor Name: \_\_\_\_\_  
(Please Type or Print)

Manager/Supervisor Signature & Date: \_\_\_\_\_

I HAVE COMPLETED AND SUBMITTED MY APPLICATION IN ACCORDANCE WITH THE AMC DEVELOPMENTAL/ROTATIONAL ASSIGNMENT PROGRAM POLICY. I UNDERSTAND THAT MY MANAGER'S/SUPERVISOR'S APPROVAL IS REQUIRED FOR PROGRAM PARTICIPATION.

I HAVE ATTACHED MY RESUME', READ THE AMC DEVELOPMENTAL ASSIGNMENT AND MENTORING PROGRAM POLICY, AND I CERTIFY THAT I MEET ALL THE ELIGIBILITY REQUIREMENTS TO PARTICIPATE.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**U.S. ARMY MATERIEL COMMAND  
DEVELOPMENTAL ASSIGNMENT AND MENTORING PROGRAM  
NOMINEE'S STATEMENT OF INTEREST**

Please state in 300 words or less, (1) why you want to participate in the AMC Developmental Assignment and Mentoring Program, (2) the contributions you will bring to the Program, and (3) the benefits the Command and your Organization will receive from your participation in the Program.

POSITION REQUEST  
U.S. ARMY MATERIEL COMMAND  
DEVELOPMENTAL ASSIGNMENT AND MENTORING PROGRAM

Please identify the Developmental Assignment(s) you are applying for:

1<sup>st</sup> CHOICE:

Position Title: \_\_\_\_\_

Position Series/Grade: \_\_\_\_\_

Position Location: \_\_\_\_\_

Host Supervisor/Mentor: \_\_\_\_\_

2<sup>nd</sup> CHOICE:

Position Title: \_\_\_\_\_

Position Series/Grade: \_\_\_\_\_

Position Location: \_\_\_\_\_

Host Supervisor/Mentor: \_\_\_\_\_

3<sup>rd</sup> CHOICE:

Position Title: \_\_\_\_\_

Position Series/Grade: \_\_\_\_\_

Position Location: \_\_\_\_\_

Host Supervisor/Mentor: \_\_\_\_\_

**HOST SUPERVISOR/MENTOR EVALUATION  
U.S. ARMY MATERIEL COMMAND  
DEVELOPMENTAL ASSIGNMENT AND MENTORING PROGRAM**

Employee Name: \_\_\_\_\_

Developmental Assignment Position Title: \_\_\_\_\_  
\_\_\_\_\_

Developmental Position Series/Grade (if applicable): \_\_\_\_\_

Developmental Position Location (MSC and Installation/Division): \_\_\_\_\_  
\_\_\_\_\_

Dates of Developmental Assignment: \_\_\_\_\_

Skills, Knowledges, Abilities Acquired During Assignment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Host Supervisor/Mentor's Assessment of Assignment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rate your assessment of the overall benefit of the Developmental Assignment to this employee's career: \_\_\_\_\_  
1 2 3 4 5 6 7 8 9 10 (1 – No Benefit, 5 – Some Benefit, 10 – Very Beneficial)

Rate your assessment of the overall benefit of this Developmental Assignment to the AMC Developmental Assignment and Mentoring Program: \_\_\_\_\_  
1 2 3 4 5 6 7 8 9 10 (1 – No Benefit, 5 – Some Benefit, 10 – Very Beneficial)

**HOST SUPERVISOR/MENTOR SIGNATURE & DATE:**

\_\_\_\_\_

**EMPLOYEE/MENTEE EVALUATION  
U.S. ARMY MATERIEL COMMAND  
DEVELOPMENTAL ASSIGNMENT AND MENTORING PROGRAM**

Employee Name: \_\_\_\_\_

Developmental Assignment Position Title: \_\_\_\_\_

Developmental Position Series/Grade (if applicable): \_\_\_\_\_

Developmental Position Location (MSC and Installation/Division): \_\_\_\_\_

Dates of Developmental Assignment: \_\_\_\_\_

Skills, Knowledges, Abilities Acquired During Assignment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee/Mentee's Assessment of Assignment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rate your assessment of the overall benefit of the Developmental Assignment to your career: \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 (1 – No Benefit, 5 – Some Benefit, 10 – Very Beneficial)

Rate your assessment of the overall benefit of this Developmental Assignment to the AMC Developmental Assignment and Mentoring Program: \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 (1 – No Benefit, 5 – Some Benefit, 10 – Very Beneficial)

**EMPLOYEE/MENTEE SIGNATURE & DATE:**

\_\_\_\_\_

**PERFORMANCE PLAN AND EVALUATION  
U.S. ARMY MATERIEL COMMAND  
DEVELOPMENTAL ASSIGNMENT AND MENTORING PROGRAM**

Instructions to Host Supervisor/Mentor: This is a performance plan for the individual named below (who is an employee under my direct supervision) for the duration of his/her developmental assignment as shown. The purpose of this form is two-fold: (1) to document the objectives of the developmental assignment and (2) to obtain input from you on the performance of the employee following the developmental assignment. We (you, the employee/mentee, and I) will establish the objectives. Then, at the conclusion of the developmental assignment, I will need input from you to complete an annual evaluation report for the employee. Please rate the individual on the performance objectives as follows: (E) – Excellent, (S) – Success, (NI) – Needs Improvement, and (F) – Fails. You may include narrative comments supporting your ratings. I need to complete the individual's annual rating of record by \_\_\_\_\_. Therefore, I would appreciate receiving your input not later than \_\_\_\_\_. Please email to \_\_\_\_\_ or fax \_\_\_\_\_. Thank you for your assistance.

EMPLOYEE/MENTEE NAME: \_\_\_\_\_

LOCATION OF DEVELOPMENTAL ASSIGNMENT ORGANIZATION & DIVISION:  
\_\_\_\_\_

DATES OF DEVELOPMENTAL ASSIGNMENT: \_\_\_\_\_

SIGNATURES & DATE:

HOST SUPERVISOR/MENTOR: \_\_\_\_\_

PERMANENT SUPERVISOR: \_\_\_\_\_

EMPLOYEE/MENTEE: \_\_\_\_\_

(Employee's signature indicates agreement with the performance objectives.)

**PERFORMANCE OBJECTIVES**
