
OFO Workforce Investment Initiative Application Form

[Instructions for Application Completion](#)

1. Please review each section of the application thoroughly and answer each question carefully. Be sure to fill out the application completely. All four questions must be answered to be eligible for consideration in the program.
2. Personal information, track selection, and supervisor endorsement sections are all mandatory. The work experience section is highly recommended, but not mandatory, and the additional space for references and accolades are optional.
3. Note that you are able to select two potential tracks; a primary and an alternate. You will need to respond to the essay question as it relates to BOTH tracks if you choose to select an alternate. If there is only one track you are interested in, please only select that track and respond to the question as applicable to that track.
4. Please respond to the short essay questions in a clear and concise manner. Please respond as authentically as possible to provide the best insight to your personality, strengths, areas of potential, and motivations.
5. You will need to work with your supervisor to complete the application. There is an endorsement form for your supervisor to complete. If at all possible, have your direct or acting supervisor complete this section. If this isn't an option, it is acceptable to have your next-line supervisor complete the endorsement. Once completed by the supervisor, the application will need final concurrence from the District Office.
6. Submission of application form by District Management to program mailbox will be considered proof and record of concurrence authentication.



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Date Application Completed:

District:

Personal Information

Last Name	First Name	Middle
Job Title	Duty Station	State
Work E-mail Address	Phone Number	Cell Number

Current or Acting Supervisor Information

Name (Last, First, MI)	Title	Phone Number	Work E-mail Address
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Most Recent (last 5 years) of Work Experience

Position	Duties	Dates of Employment

References (Optional)

Name (Last, First, MI)	Title	Phone Number	E-mail

Accolades (Past 18 months)

Name/Type of Award	Date Received	Monetary	Non-Monetary

First Training Track Choice: Select one of the following from the List:

Alternate Training Track Choice: Select one of the following from the List:

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Essay Questions

Q1. How do you envision yourself contributing to OFO 's mission 2-3 years from now? ___ Pts.

Q2. What do you see as your strengths for competitive selection into your selected tracks? ___ Pts.

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Q3. What do you desire to be the most important outcomes of your participation in the Workforce Investment Initiative Program? ____ Pts.

Q4. Describe a time when you received constructive feedback. In your response, please address how you responded to this feedback, any challenges you faced in receiving this feedback (if any), and how you integrated this feedback. ____ Pts.

OFO Workforce Investment Initiative Supervisor Endorsement Form

***Note to the Supervisor: Please be open and honest in this assessment of the candidate for this training program. This form will not be shared with the candidate.**

Date: _____

Supervisor Name: _____

Candidate Name: _____

Statement:

I, _____ endorse this candidate, _____ for the OFO Training Initiative. I find this candidate to be reliable, hard-working, and capable of managing this commitment alongside the current work-load. This candidate is motivated, is a self-starter, and can work on a project to completion independently without significant input or oversight. This candidate is an eager learner and readily seeks out and accepts feedback and constructive advice from supervisor(s) and peers. This candidate has demonstrated personal responsibility and has put forth effort and/or shown interest in improving themselves in their current position.

***This next section is optional.** In the space provided below please provide a short personal statement of endorsement. This should include specific strengths and abilities with examples supporting the statement above. You may also include any notable hesitations or reservations.

If you are not endorsing this candidate it is mandatory to provide a short statement indicating the reason in the space provided below.

Supervisor Signature

Date

District Office Endorsement

- Yes, Candidate Recommended. District Management confirmed candidate is non-probationary; last rating at least fully successful and no adjudicated discipline in last 12 months (i.e. Letter of Reprimand, Suspension, etc.); no active Last Chance Agreements; and not currently on an active Demonstration Opportunity.**
- No, Candidate NOT Recommended at this time. Comments are mandatory and must be discussed with Program Manager.**

OFO Workforce Investment Initiative Supervisor Endorsement Form

APPLICATION REVIEW

Were all the questions answered? Yes No

Total Score (1 - 20): _____

Reviewer's Comments:

Signature	Date

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department.