APPLICATION FOR DEFENSE ACQUISITION CORPS

APPLICATION FORM FOR DEFENSE LOGISTICS AGENCY EMPLOYEES ONLY

NAME (LAST, FIRST, MI)	FOR PERSONNEL USE ONLY PLFA
MAILING ADDRESS (STREET ADDRESS, APT #)	CAREER FIELD
CITY STATE ZIP CODE	JOB TITLE
PHONE NO. Day: Night:	OCC SERIES
CURRENT OCCUPATIONAL TITLE, SERIES, GRADE	(Please Check One) RECOMMENDATION APP DISAPP

SSN	HIGHEST FEDERAL SERIES GRADE AND DATE HELD	HQ SME INITIALS

WORK EXPERIENCE (ACQUISITION RELATED EXPERIENCE ONLY. USE ADDITIONAL PLAIN PAPER FOLLOWING THIS FORMAT FOR ADDITIONAL PERIODS OF ACQUISITION EXPERIENCE.)

NAME AMD ADDRESS OF EMPLOYER'S ORGANIZATION	
DATES EMPLOYED MM/DD/YY FROM TO	SERIES, GRADE & DATE OF LAST PROMOTION
EXACT TITLE OF POSITION	

ACQUISITION WORKFORCE INFORMATION		
ARE YOU CERTIFIED YES ☐ NO ☐	IF YES CAREER FIELD:	(Please Check One) CAREER LEVEL: I ☐ II ☐ III ☐
ARE YOU A MEMBER OF THE ACQUISITION CORPS? YES ☐ NO ☐ IF YES, DATE OF MEMBERSHIP		