

Organizational Excellence Candidate Biography

1. Application for (select one) <input type="checkbox"/> Management <input type="checkbox"/> Corporate <input type="checkbox"/> Executive Initial Entry into Organizational Excellence (OE) Program											
2. Last Name, First, Middle Initial		3. CAP Grade	4. CAPID								
5. Charter Number	6. Unit Name										
7. Member's Address (Include No., St., City, State, Zip) _____ _____ _____		8. Telephone (Include Area Code) Cell _____ Home _____ Work _____ E-mail _____									
9. Date Joined CAP	10. Current CAP Duty Assignment										
11. Educational Background <input type="checkbox"/> High School <input type="checkbox"/> Associates Degree <input type="checkbox"/> Undergraduate Degree & Type _____ <input type="checkbox"/> Masters Degree & Type _____ <input type="checkbox"/> Doctorates Degree & Type _____ <input type="checkbox"/> Terminal Degree in Your Field <input type="checkbox"/> Yes <input type="checkbox"/> No Other Professional Designations or Certifications (continue in Remarks section) _____ _____ _____											
12. Organizational Experience Outside CAP (continue in Remarks section) Professional Association <input type="checkbox"/> Fund Raising <input type="checkbox"/> Board Member <input type="checkbox"/> Executive Leadership <input type="checkbox"/> Member Name and Purpose _____ Civic Association <input type="checkbox"/> Fund Raising <input type="checkbox"/> Board Member <input type="checkbox"/> Executive Leadership <input type="checkbox"/> Member Name and Purpose _____ Other Association <input type="checkbox"/> Fund Raising <input type="checkbox"/> Board Member <input type="checkbox"/> Executive Leadership <input type="checkbox"/> Member Name and Purpose _____											
13. Specialties and Rating Completed <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border: none;">Specialty</th> <th style="text-align: left; border: none;">Rating</th> </tr> </thead> <tbody> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </tbody> </table> Continue in Remarks Section				Specialty	Rating	_____	_____	_____	_____	_____	_____
Specialty	Rating										
_____	_____										
_____	_____										
_____	_____										
14. Highest CAPR 50-17 PD Level attained. <input type="checkbox"/> Level 1 <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> Level V											
15. Any fund raising initiatives by you or your organization this reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in "Remarks" below.											

16. **Remarks** (attach additional sheet if necessary)

17. **Outline personal and professional goals in CAP after completion of the OE rating applied for** (attach additional sheet if necessary)

18. **Applicant: I certify that all information contained herein is accurate.**

Signature

Date

Management Level

Unit commander approves and forwards CAPF 1 and attachments to Organizational Excellence Committee at the wing level. Wing OEC retains Form 1 through the training process.

Corporate Level

Unit commander approves and forwards CAPF 1 and attachments to Organizational Excellence Committee at the region level through the wing OEC. Region OEC retains Form 1 through the training process.

Executive Level

Unit commander approves and forwards CAPF 1 and attachments to Organizational Excellence Committee at the National level through the wing and region OEC. National OEC retains Form 1 through the training process.

19. **Unit Commander's Action:** **Approve** **Disapprove**

Remarks (attach separate sheet if necessary)

Grade, Name & Signature

Date