ACQUISITION CAREER RECORD BRIEF   AS OF 20 OCTOBER 2022

For update instructions access at https://apps.asc.army.mil/camp/	BRIEF DATE	PAY-PLAN/GRADE	SERIES/AOC	SSN	NAME

SECTION I - CURRENT POSITION DATA

TITLE

FUNCTIONAL AREA

AA FUNCTIONAL AREA CERT LVL REQ

COMMAND

PERSONNEL OFFICE

ACQ POSITION TYPE

ACQUISITION JOB SPECIALTY

SECTION II - SECURITY

CLEARANCE TYPE	
INVESTIGATION TYPE	
DATE INVESTIGATED	

SECTION V - WAIVERS

TYPE

DATE GRANTED

DATE EXPIRED

SECTION III - ACQ WF DATA

SVC COMP DATE	WORKFORCE STATUS	MEL-1
LEAD YEAR	AA FUNCTIONAL AREA	MONTHS OF ACQ EXP
CAP	AA FUNCTIONAL AREA CERT LVL REQ	
CSL	KLP	ACMA/OAP
DATE ENTERED PRESENT POSITION		5-YR REVIEW DATE

SECTION IV - PERSONAL

Component Code *(Army Civilian)*

MAILING ADDRESS

STREET

CITY	STATE	ZIP

WORK PHONE	DSN

FAX

HOME PHONE

E-MAIL

SECTION VII - EDUCATION

INSTITUTION	DEGREE
DISCIPLINE	YEAR
INSTITUTION	DEGREE
DISCIPLINE	YEAR
INSTITUTION	DEGREE
DISCIPLINE	YEAR

HIGHEST DEGREE

SECTION XI - CREDENTIALS

CREDENTIAL	DATE

SECTION VIII - AWARDS

SECTION VI - ACQ/LEADER TRAINING

COURSE	DATE

SECTION X - CERTIFICATIONS/LICENSES

FUNCTIONAL AREA	LEVEL	DATE

PROFESSIONAL LICENSE	DATE

CONTINUOUS LEARNING

END DATE:	POINTS:

SECTION IX - ASSIGNMENT HISTORY

FROM	MO	ORGANIZATION	LOCATION	COMMAND	DUTY TITLE	SERIES	GRADE	AFA	SUPVR

A false statement on any part of this document may be grounds for not hiring you, disqualifying you from eligibility to participate in acquisition career development programs or firing you after you are hired or selected for one of the acquisition career development programs. Also, you may be administratively disciplined or punished by fine or imprisonment. (U.S. Code, title 5, section 552a; title 18, section 1001; Art. 107, MCM 1984 (1995 ed.); AR 690-751)

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Signed:_____   Date: _____

Reviewing Official's Signature:_____   Date: _____

The above named individual is Certified in the Functional Area as annotated in Section X.

PRINT Certifying Official Grade/Name:_____

Signature:_____   Date: _____