

**DoD ACQUISITION PUBLIC-PRIVATE TALENT EXPERIENCE (PPTE)
2025 Program Application**

Applicant Information:

- 1. Name
- 2. Current Organization
- 3. Base Salary
- 4. Security Clearance
- 5. Current Job Title
- 6. Home Address
- 7. Work Email Address
- 8. Phone Number
- 9. Occupational Series
- 10. Appointment Type
- 10a. If answer to 10 was "Other," please complete:
- 11. Pay Plan/Grade
- 12. Acquisition Workforce Functional Area

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14. Current Job Responsibilities (1-2 paragraphs)

15. Statement of Interest

16. Supervisor Recommendation (1-2 paragraphs)

By signing and submitting this application, the nominating organization acknowledges the responsibility of funding candidates' pay and benefits throughout the duration of the assignment. This also acknowledges the employee currently meets all established performance standards and eligibility criteria.

Supervisor Name

Supervisor Email Address

Supervisor Signature

Date Signed

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Participant Application Acknowledgement Form

I, _____, understand and accept that:

1. Acceptance into the Program by my Component/Organization and Supervisor does not guarantee an assignment placement nor my preferred host organization; however, the Program Office will make every attempt to find and match me to a logical assignment.
2. I am responsible for coordinating the length and dates of my assignment with my supervisor and my hosting organization should it vary from the March – September 2025 time frame. These dates will be annotated in the Memorandum of Agreement (MOA). My assignment start date should be as close to the Orientation date as feasible.
3. Work at my host organization (including travel) cannot begin prior to the execution of the MOA. I will ensure my resume and application contains the required information that will assist in expediting the process.
4. I will address assignment-specific questions and concerns to my host supervisor or other point of contact at the host organization. I will maintain close and regular communication with my host organization prior to my assignment start date.
5. I have reviewed the Memorandum of Agreement (MOA) and understand my rights and responsibilities within the Program.

Name of Participant (printed)

Participant Signature and Date