

MEMORANDUM FOR: All ML Careerists, GS-04 Through GS-06

SUBJECT : Project PACE Register

REFERENCE : Logistics Notice No. 20- , dtd

1. A register is being created of all employees GS-04 through GS-06, and the wage board equivalent, who are interested in job vacancies offered by Project PACE. Under this new concept, an employee interested in future PACE vacancies need apply only once a year. The applications will be kept in a confidential central file maintained by the PACE Working Group. As each PACE vacancy occurs, all employees on the register will be contacted by the working group to determine their interest in the vacant position.

2. Any employee interested in being placed on the PACE register needs only to fill in the information on the form below and return it to the Chairman, Project PACE Working Group. A member of the working group will contact him or her with further information.

Michael J. Malanick
Director of Logistics

Att: Registry Form

TO: Chairman, Project PACE Working Group
Room 1236, Ames Building

I am interested in applying for the PACE program. Please have a member of the working group contact me.

NAME: _____

OFFICE: _____ EXTENSION: _____

CONFIDENTIAL

(When Filled In)

Approved For Release 2001/11/01 : CIA-RDP78-05054A000100100033-1

PROJECT PACE REGISTRATION FORM

INSTRUCTIONS: The basic background information contained in this completed application will be used for the PROJECT PACE Program. It is essential that you answer all the questions carefully and completely as it will be an important element in the selection process. If you have not participated in a particular activity, write "not applicable" (N/A).

NAME (Last, First, Middle Initial)	EOD/CIA (Month, Year)	EOD/LOG (Month, Year)
PRESENT JOB TITLE	GRADE	DATE OF GRADE
ORGANIZATIONAL COMPONENT (Div. & BR.)	ROOM NO.	EXTENSION
IMMEDIATE SUPERVISOR	ROOM NO.	EXTENSION

WORK EXPERIENCE

LIST ALL WORK EXPERIENCE BEGINNING WITH CURRENT JOB

TYPE OF JOB	GRADE (Mon. & Yr.)	TYPE OF DUTIES	SUPERVISOR

EDUCATION

BEGINNING WITH HIGH SCHOOL. LIST ALL FORMAL EDUCATION, INCLUDING ANY DEGREE PROGRAM IN WHICH YOU ARE CURRENTLY ENROLLED. (You will be given credit only for those courses for which you furnish documentation.)

NAME OF SCHOOL	DATES ATTENDED		COLLEGE CREDITS		SUBJECT	GRADE	CHECK IF TRANSCRIPT IN FOLDER
	FROM (Mon., Yr.)	TO (Mon., Yr.)	NO. SEM. HRS	NO. QTR. HRS			

TRADE, COMMERCIAL, AND SPECIALIZED SCHOOLS

NAME OF SCHOOL STUDY OR SPECIALIZATION	DATES ATTENDED		TYPE OF CERTIFICATE OBTAINED	CHECK IF TRANSCRIPT IN FOLDER
	FROM (Mon., Yr.)	TO (Mon., Yr.)		

AGENCY/NON-AGENCY EDUCATION OR TRAINING

LIST ANY EDUCATION NOT COVERED ABOVE

COURSE	TITLE	DATES ATTENDED		LOCATION	CHECK IF CERTIFICATE IN FOLDER
		FROM (Mon., Yr.)	TO (Mon., Yr.)		

ADDITIONAL COMMENTS

SIGNATURE OF ASSISTING WG MEMBER	DATE	SIGNATURE OF EMPLOYEE	DATE
----------------------------------	------	-----------------------	------

Approved For Release 2001/11/01 : CIA-RDP78-05054A000100100033-1

CONFIDENTIAL

Approved For Release 2001/11/01 : CIA-RDP78-05054A000100100033-1

PROJECT PACE REGISTRATION FORM

INSTRUCTIONS: The basic background information contained in this completed application will be used for the PROJECT PACE Program. It is essential that you answer all the questions carefully and completely as it will be an important element in the selection process. If you have not participated in a particular activity, write "not applicable" (N/A).

NAME (Last, First, Middle Initial)	EOD/CIA (Month, Year)	EOD/LOG (Month, Year)
PRESENT JOB TITLE	GRADE	DATE OF GRADE
ORGANIZATIONAL COMPONENT (Div. & BR.)	ROOM NO.	EXTENSION
IMMEDIATE SUPERVISOR	ROOM NO.	EXTENSION

WORK EXPERIENCE

LIST ALL WORK EXPERIENCE BEGINNING WITH CURRENT JOB

TYPE OF JOB	GRADE (Mon. & Yr.)	TYPE OF DUTIES	SUPERVISOR

EDUCATION

BEGINNING WITH HIGH SCHOOL, LIST ALL FORMAL EDUCATION, INCLUDING ANY DEGREE PROGRAM IN WHICH YOU ARE CURRENTLY ENROLLED. (You will be given credit only for those courses for which you furnish documentation.)

NAME OF SCHOOL	DATES ATTENDED		COLLEGE CREDITS		SUBJECT	GRADE	CHECK IF TRANSCRIPT IN FOLDER
	FROM (Mon., Yr.)	TO (Mon., Yr.)	NO. SEM. HRS	NO. QTR. HRS			

TRADE, COMMERCIAL, AND SPECIALIZED SCHOOLS

NAME OF SCHOOL STUDY OR SPECIALIZATION	DATES ATTENDED		TYPE OF CERTIFICATE OBTAINED	CHECK IF TRANSCRIPT IN FOLDER
	FROM (Mon., Yr.)	TO (Mon., Yr.)		

AGENCY/NON-AGENCY EDUCATION OR TRAINING

LIST ANY EDUCATION NOT COVERED ABOVE

COURSE	TITLE	DATES ATTENDED		LOCATION	CHECK IF CERTIFICATE IN FOLDER
		FROM (Mon., Yr.)	TO (Mon., Yr.)		

ADDITIONAL COMMENTS

SIGNATURE OF ASSISTING WG MEMBER	DATE	SIGNATURE OF EMPLOYEE	DATE
----------------------------------	------	-----------------------	------

Approved For Release 2001/11/01 : CIA-RDP78-05054A000100100033-1

PROPOSED
PROJECT PACE REGISTRY FORM

INSTRUCTION: The basic background information contained in this completed application will be used for the Project PACE program. It is essential that you answer all the questions on this form carefully and completely as it will be an important element in the selection process if you have not participated in a particular activity, write not applicable (N/A)

Name of Applicant Last, First, Middle Initial	EOD/CIA month, year	EOD/LOG month, year	Present Job Title
--	------------------------	------------------------	-------------------

Grade	Date of Grade	Organization (Div/Br)	Room No.	Office Phone No.
-------	---------------	-----------------------	----------	------------------

Name of Immediate Supervisor	Supervisor Room No.	Supervisor Office Phone No.
------------------------------	---------------------	-----------------------------

WORK EXPERIENCE: List all work experience beginning with current job.

Type of Job	Grade (month, year)	Supervisor	Type of Duties
-------------	---------------------	------------	----------------

EDUCATION: Beginning with high school please indicate all your formal education, including any degree program in which you are currently enrolled.

NOTE: You will be given credit only for those courses for which you furnish documentation.

Name of School	Dates Attended from - to (month, year)	College Credits		Subject	Grade	Check if trans- cript in folder
		No. Sem Hrs	No. Qtr Hrs			

TRADE, COMMERCIAL, AND SPECIALIZED SCHOOLS

Name of School Study or Specialization	From - To (month, year)	Type of Certificate Obtained	Check if in folder
---	----------------------------	------------------------------	-----------------------

AGENCY/NON-AGENCY EDUCATION OR TRAINING NOT INDICATED

Course	Title	Location	From - To (MO YR) (MO YR)	Check if certificate in folder
--------	-------	----------	------------------------------	-----------------------------------

ADDITIONAL COMMENTS:

Date: _____ Signature of Employee: _____

Date: _____ Signature of Assisting WG Member: _____

FORM NO.

(CONFIDENTIAL)

INTRODUCTION

Project PACE is establishing a register of applicants for positions designated as training positions under the project. The selections for all future PACE vacancies will be made from this register. In order to standardize the selection of the applicants, the PACE Working Group devised the attached questionnaire. This questionnaire serves a two-fold purpose: to rate all of the applicants against the same standard, and to provide the working group with answers to the types of questions it believes are needed to give each individual an objective evaluation.

Remember, this evaluation will be a major factor in the selection process.

PROPOSED PROJECT PACE QUESTIONNAIRE

MEMORANDUM FOR:

SUBJECT : Project PACE Applicant Questionnaire

REFERENCE : LN 20- , dtd

_____ is being considered for the PACE program. In selecting candidates for this program, the selecting official depends on information provided by the applicant's immediate supervisor. Please respond to the questions set forth below and return to the Chairman, PACE Working Group, Plans and Programs Staff, Room 1236, Ames Building, within 15 working days from the above date. Your candid evaluation will be of assistance to us in determining the employee's suitability for assignment to the PACE program.

25X1A

Chairman, PACE Working Group

1. Are you the applicant's current supervisor?
_____ Yes _____ No - If no, please explain.
2. How often do you observe the applicant's performance?
_____ Occasionally _____ Frequently _____ Infrequently
3. How long have you supervised the applicant?
(number of months) _____
4. How long have you known the applicant?
(number of months) _____

5. In your judgment, how well does the applicant communicate orally?
____ Outstanding ____ Strong ____ Proficient ____ Marginal
____ Unsatisfactory ____ Not Observed
6. How would you judge the applicant's ability to communicate in writing?
____ Outstanding ____ Strong ____ Proficient ____ Marginal
____ Unsatisfactory ____ Not Observed
7. In your judgment, does the applicant possess any leadership qualities? If yes, please comment in the remarks section.
____ Yes ____ No ____ Not Observed
8. Please provide overall ratings on applicant's last three fitness reports (beginning with the most recent).

9. How would you judge the applicant's work habits and dependability?
____ Outstanding ____ Strong ____ Proficient ____ Marginal
____ Unsatisfactory
10. Please rate the applicant's ability to work without close supervision.
____ Outstanding ____ Strong ____ Proficient ____ Marginal
____ Unsatisfactory ____ Not Observed

CONFIDENTIAL

Approved For Release 2001/11/01 : CIA-RDP78-05054A000100100033-1

11. How would you judge the applicant's ability to function as a team member?

_____ Outstanding _____ Strong _____ Proficient _____ Marginal

_____ Unsatisfactory _____ Not Observed

12. Remarks

Signature of Immediate Supervisor

I have read the completed questionnaire:

Signature of Applicant

Approved For Release 2001/11/01 : CIA-RDP78-05054A000100100033-1

CONFIDENTIAL
(when filled in)