



Career Development Program Registration Form

(To be filled out by the participant.)

Your Name: _____

Service Unit: _____ Series/Grade: _____

Your Current Job Title: _____

LOC Email Address: _____ Work Phone: _____

Years worked at the Library of Congress: _____ Years worked in Current Position: _____

Your Current Job Duties and Responsibilities: (Three to five sentences)

Your Current Career Goals: (Three to five sentences)

Statement of Intent. Briefly explain why you want to participate in the Career Development Program and what you hope to gain from your experience: (Five to seven sentences)

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Below are the program schedules for 2020. Please indicate your session preference by checking one of the boxes below:

CDP Group 27: March 5 through June 18

CDP Group 28: August 27 through December 17

Every attempt will be made to accommodate your preferences, however, HCD reserves the right to make final determinations.

The Library of Congress complies completely with all ADA requirements. If you require special accommodations in order to participate, please check this box:

If you checked the box, indicate accommodation below:

To complete your registration, please sign and date below. In, addition, please have your supervisor sign the registration indicating that he/she has been informed of your participation and authorizes you to attend the weekly classroom sessions for the three-month Career Development Program.

Participant's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Name: _____ Supervisor's Work Phone: _____