



## LEADERSHIP APPLICATION

### I. Personal Data

Name \_\_\_\_\_  
Last First Middle

Nickname or preferred name \_\_\_\_\_

Length of area residence \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

If married, name of spouse \_\_\_\_\_ No. of children \_\_\_\_\_

### II. Employment

Present Employer/ Business Name \_\_\_\_\_

Date of Hire (If self-employed, date business began) \_\_\_\_\_

Present Title or position \_\_\_\_\_

Type of company or organization \_\_\_\_\_

Briefly describe your present responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you consider your highest responsibility, skill, or career achievement to date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. Business/Professional Activities

(Do not include civic organizations, public office, or political activities)

\_\_\_\_\_  
\_\_\_\_\_

### IV. Community Involvement

(Include community, civic, religious, political, social, athletic, or other activities)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been as active in civic/professional/community activities as you would like to be, why or why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from the Leadership program experience? \_\_\_\_\_

\_\_\_\_\_

As an emerging leader in the community, what type of involvement do you envision for yourself? \_\_\_\_\_

\_\_\_\_\_

## V. Commitment

Have you ever applied to participate in this program before? \_\_\_\_\_ If yes, in what year? \_\_\_\_\_

Are you willing to dedicate at least the minimum requirements for the Leadership Jacksonville•Onslow as outlined in these materials? \_\_\_\_\_

Do you understand that an interview may be a part of the selection process? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

## VI. References

	Name	Phone	Position	Company/Organization
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## VII. Employer Endorsement

I understand the time requirements as outlined in this packet and fully support the above employee in his/her endeavor to participate in the Leadership Jacksonville•Onslow program.

\_\_\_\_\_  
Supervisor Signature

**Please print or type the information below.**

\_\_\_\_\_  
Supervisor's Name Title Phone/Fax

## VIII. Supervisor to receive quarterly updates

\_\_\_\_\_  
Supervisor's Name Email Address