

# LEADERSHIP FGFOA CLASS III APPLICATION

April 8-13, 2018 • Orlando, Florida

Application Submission Cutoff Date: Friday, January 12, 2018

Return to: [kpastula@flcities.com](mailto:kpastula@flcities.com)

Date Submitted: \_\_\_\_\_

**SEE LEADERSHIP BROCHURE FOR APPLICATION REQUIREMENTS.**

## PERSONAL DATA

Name (First, Middle Initial, Last): \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Government Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Business Email Address: \_\_\_\_\_

## EDUCATION: *College(s), Advanced Degree(s) and/or Specialized Training*

Name, City & State of Institution	Dates (From)	Dates (To)	Degree	Major

Certifications and Designations (List): \_\_\_\_\_

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

Activities, Leadership Positions Held, Special Honors and Awards Received **During School Years:**

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

## EMPLOYMENT *(Last 10 years only)*

### Current Government Employer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Years In Position: \_\_\_\_\_ Years Employed There: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**Previous Position(s)** *(Please include additional pages, if necessary.)*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Years In Position: \_\_\_\_\_ Years Employed There: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Years In Position: \_\_\_\_\_ Years Employed There: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Years In Position: \_\_\_\_\_ Years Employed There: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_

**What do you consider your highest career achievement?**

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

**FGFOA/GFOA AFFILIATIONS**

FGFOA Member?  Yes  No  
GFOA Member?  Yes  No

Member Since: \_\_\_\_\_  
Member Since: \_\_\_\_\_

<i>FGFOA Committees, Ad Hoc, Other</i>	<i>Positions Held/Assignment (If applicable)</i>	<i>Period of Service</i>

Chapter Member?  Yes  No Chapter Name: \_\_\_\_\_  
Chapter Involvement (List any activities): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER BUSINESS/PROFESSIONAL AFFILIATIONS**

<i>Name of Group</i>	<i>Positions Held/Assignment (If applicable)</i>	<i>Period of Affiliation</i>

**COMMUNITY INVOLVEMENT**

*(List, in order of importance to you, up to three community, civic, religious, political, government, social, athletic or other organizations of which you have been a member. Do not include business/professional activities. Do not attach a separate list.)*

<i>Organization</i>	<i>Dates of Affiliation</i>	<i>Assignment/Position</i>	<i>Average Hours/Month</i>

**OTHER**

**Leadership Positions Held (Job Related, Civic, Charitable, etc.)**

Entity: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Entity: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Entity: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

**AWARDS RECEIVED (JOB RELATED, CIVIC, CHARITABLE, ETC.)**

Award: \_\_\_\_\_

Received From: \_\_\_\_\_

Purpose: \_\_\_\_\_

Award: \_\_\_\_\_

Received From: \_\_\_\_\_

Purpose: \_\_\_\_\_

Award: \_\_\_\_\_

Received From: \_\_\_\_\_

Purpose: \_\_\_\_\_

**GENERAL INFORMATION**

What are your career goals and how will this educational program facilitate your achievement of these goals?

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

What specific skills/knowledge do you hope to gain from your participation in Leadership FGFOA?

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

What contribution do you feel you could make to the program?

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

**PROFESSIONAL REFERENCES** *(Government sector preferred and one must be an active FGFOA member.)*

Contact/Government/Title: \_\_\_\_\_

Business (Address, City, State, Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

FGFOA Member?  Yes  No

Contact/Government/Title: \_\_\_\_\_

Business (Address, City, State, Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

FGFOA Member?  Yes  No

Contact/Government/Title: \_\_\_\_\_

Business (Address, City, State, Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

FGFOA Member?  Yes  No

## LETTER OF RECOMMENDATION

A letter of recommendation from an active FGFOA member is required and must be attached to the application.

## EMPLOYER COMMITMENT

*This applicant has the approval and full support of our organization. We understand that this includes not only the \$2,700 fee, but the time required to participate in the program and that all participants must stay in the designated lodging to fully participate in evening sessions and professional activities.*

Name/Title: \_\_\_\_\_ Government: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT COMMITMENT

*I understand the purpose of the Leadership FGFOA program and, if selected, will devote the time and resources necessary to complete the program. I understand that to graduate, a participant must attend the entire five-day program. Participants who do not meet the five-day training requirement will not graduate from the program. If applicable, I have my employer's support as indicated above. I understand that even though emergencies do arise, no portion of the tuition shall be refunded. I agree to be bound by the above commitments by signing this application.*

*I recognize that this is a five-day program and that certain activities and events will be held in the evenings. To fully participate. Participants must stay in the designated lodging from Sunday evening through Thursday night. Classes will be held until Friday. Early departures are not allowed.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Check box to acknowledge that letter of recommendation from an active FGFOA member is attached.**