

LEADERSHIP FGFOA CLASS IV APPLICATION

March 31 - April 5, 2019 • Orlando, Florida

Application Submission Cutoff Date: Thursday, January 31, 2019

Return to: jwalker@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 fee, which has been reduced to \$995 for members, 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.

Method of Payment:

Cost: The registration fee for the program is \$2,700; however, the FGFOA is subsidizing the fee, so the COST TO MEMBERS IS ONLY \$995! This fee covers all costs (training, materials, personality profile, lodging, food, etc.), other than parking and transportation to and from the host hotel at the beginning and end of the program.