



National Forum for
Black Public Administrators
EXECUTIVE LEADERSHIP INSTITUTE
 CANDIDATE APPLICATION

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE
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TITLE	ORGANIZATION	OFFICE ADDRESS
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CITY	STATE	ZIP
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HOME ADDRESS

CITY	STATE	ZIP
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(____) _____	(____) _____	
BUSINESS TELEPHONE	HOME TELEPHONE	BUSINESS EMAIL ADDRESS

DATE OF BIRTH	GENDER	HOME EMAIL ADDRESS
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EDUCATION

List chronologically, beginning with the most recent, all colleges, universities and other educational institutions attended since high school.

SCHOOL/INSTITUTION	DEGREE	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY

List a brief employment history in chronological order starting with present position.

TITLE	DEPARTMENT/JURISDICTION	DATES
SUPERVISOR (Name and Title)		() TELEPHONE
DUTIES/RESPONSIBILITIES (Include number of people you supervise)		

TITLE	DEPARTMENT/JURISDICTION	DATES
SUPERVISOR (Name and Title)		() TELEPHONE
DUTIES/RESPONSIBILITIES (Include number of people you supervise)		

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SUPERVISOR (Name and Title)		() TELEPHONE
DUTIES/RESPONSIBILITIES (Include number of people you supervise)		

TITLE	DEPARTMENT/JURISDICTION	DATES
SUPERVISOR (Name and Title)		() TELEPHONE
DUTIES/RESPONSIBILITIES (Include number of people you supervise)		

BACKGROUND INFORMATION

Please provide background information on your agency or organization in the space below. Include information on the agency’s primary functions, operating budget, overall structure and number of employees. In addition, speak briefly to your current role in the management of the agency.

PROFESSIONAL ASSOCIATIONS

Organization	Dates of Involvement	Office(s) Held
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

CIVIC AND SOCIAL ACTIVITIES

List civic, fraternal, and community organizations in which you participate.

Organization	Leadership Role, if any
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

DISTINCTIONS, HONORS, AWARDS, AND OTHER RECOGNITIONS OF ACHIEVEMENT

Please indicate the date of award and basis of selection.

ESSAYS

Please respond concisely to both of the following questions. Limit your answer to two double-spaced typewritten pages per essay and enclose essays with your completed application.

- 1. Please describe your short and long-range goals, explaining how, in your opinion, the Executive Leadership Institute will contribute to the achievement of these goals. Also, describe your strengths and weaknesses in public management, and indicate how the Executive Leadership Institute may help you overcome your weaknesses.**
- 2. In your opinion, what are the five most critical skills that public executives ought to possess, and why? Please explain the basis for your selection.**

REFERENCES

Three references are required. Please provide pertinent data on the individuals you have asked to provide recommendations for you. Each reference should submit a letter on your behalf.

1.

NAME	TITLE	AGENCY/ORGANIZATION	
ADDRESS	CITY	STATE	ZIP
()			
TELEPHONE	RELATIONSHIP		

2.

NAME	TITLE	AGENCY/ORGANIZATION	
ADDRESS	CITY	STATE	ZIP
()			
TELEPHONE	RELATIONSHIP		

3.

NAME	TITLE	AGENCY/ORGANIZATION	
ADDRESS	CITY	STATE	ZIP
()			
TELEPHONE	RELATIONSHIP		

(Please check one)

My professional goals include securing the position of City or County Manager. YES NO

I am willing to relocate to another part of the country to achieve my career goals. YES NO

I hereby declare that the information provided by me in this application is true, correct and complete to the best of my knowledge.

SIGNATURE

DATE

Please return this form to:
National Forum for Black Public Administrators
Executive Leadership Institute
777 N. Capitol Street, N.E. Suite 550
Washington, DC 20002
RWilliams-Gates@nfbpa.org

National Forum for Black Public Administrators
EXECUTIVE LEADERSHIP INSTITUTE

LETTER OF REFERENCE

This letter of reference must be written by an employer under whom the applicant has worked in his/her field of study, by someone who has supervised the applicant, or by someone who knows the applicant's work performance. This letter should be typewritten if possible.

NAME OF APPLICANT

NAME OF RECOMMENDER

1. How long have you known the applicant?

2. In what capacity have you known the applicant?

3. Please provide a candid evaluation of the applicant's past performance and ability to pursue and successfully complete an executive training program for public managers. Your statement will be given strong consideration by the panel reviewing this application, and should, therefore, be as complete and detailed as possible. Please continue your comments on the reverse side if more space is needed.

THE REVERSE SIDE OF THIS FORM SHOULD ALSO BE COMPLETED

3. (Continued)

4. In the rating chart below, please evaluate the applicant with other public managers you have known during your professional career.

	EXCELLENT	VERY GOOD	AVERAGE	BELOW AVERAGE
Intellectual Ability				
Knowledge of Field				
Work Habits				
Motivation				
Resourcefulness				
Initiative				
Emotional Maturity				
Adaptability to New Situations				
Leadership Qualities				
Community Leadership				
Management Ability				
Interpersonal Skills				
Communication Skills				

NAME AND TITLE (Print)

ORGANIZATION

SIGNATURE

DATE

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