

LEADERSHIP *Hawkins*

2019-2020 Confidential Application

Date Completed & Mailed/Faxed: _____

Name: _____
(Last) (First) (Middle) (Nickname, if any)

Years living and/or working in Hawkins County: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ Fax (____) _____ E-Mail _____

Spouse's Name (if applicable): _____

Name and ages of children: _____

Spouse's Employer: _____

EDUCATIONAL BACKGROUND

High School: _____ City: _____ Degree/Year: _____

College/
Trade School: _____ City: _____ Degree/Year: _____

Other: _____ City: _____ Degree/Year: _____

EMPLOYMENT

Company Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ ZIP _____

Present Title/Responsibility: _____

Length of Employment (with current employer): _____

Leadership Hawkins 2019-2020 Confidential Application – Page 2

How many days per month (on average) are you out of Hawkins County? _____

Direct Supervisor's Name: _____ Phone: (_____) _____

Do you have the support of your employer to take the time required for Leadership Hawkins?

- Yes No

COMMUNITY INVOLVMENT

List, in order of importance to you, community activities in which you have participated:

<i>Year</i>	<i>Activity/Responsibility</i>	<i>Location</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why do you want to participate in this program? _____

What personal skills can you offer/share with this program? _____

LEADERSHIP HAWKINS COMMITMENT/AGREEMENT

I, the undersigned, understand the purpose of Leadership Hawkins. I hereby certify that I am the individual described above. I further affirm that this information is complete and accurate. If I am selected, I agree to attend the orientation, all nine monthly class sessions, and the graduation ceremony. I agree to pay tuition of \$500. I understand that failure to attend orientation, the nine monthly class sessions, and graduation will result in not graduating the program with no refunds of any kind. I further understand that it is my responsibility to complete all enrichment exercise assignments

Signature of Applicant

Signature of Corporate Authorization

Date: _____

Name:

Title:

REMEMBER: This application must be fully completed and **returned by September 16, 2019**. If selected, **tuition is payable by September 16, 2019**. Applicants who are not chosen to participate this year may reapply for the 2019-2020 class. **Please include a brief biography and 1 wallet size photograph with your application.**

MAIL COMPLETED APPLICATION TO:

Leadership Hawkins

Main St. Ste. 100

107 E.

Bank Building

US

Rogersville, TN 37857-3640

OR, FAX COMPLETED APPLICATION TO: (423) 272-8751

Leadership Hawkins is a not-for-profit personal leadership development program of the Rogersville/Hawkins County Chamber of Commerce. "Leadership Hawkins" and "Opening Doorways to the Future" are trademarks of the Rogersville/Hawkins County Chamber of Commerce.

©2000 Rogersville/Hawkins County Chamber of Commerce, Inc.