

# LEADERSHIP *Hawkins*

## 2017-2018 Confidential Application

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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): \_\_\_\_\_

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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 11, 2017**. If selected, **tuition is payable by September 11, 2017**. Applicants who are not chosen to participate this year may reapply for the 2017-2018 class. **Please include a brief biography and 1 wallet size photograph with your application.**

**MAIL COMPLETED APPLICATION TO:** Leadership Hawkins  
107 E. Main St. Ste. 100  
US Bank Building  
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.