

LEADERSHIP PFLUGERVILLE

Name _____ Date _____
First Middle Last

Date of Birth ____/____/____

Home Address _____ E-Mail Address _____

City _____ Zip _____ Home Phone _____ Cell Phone _____

Business Firm / Organization _____

Business Address _____ City _____ Zip _____

Your Title or Position _____

Is it your present intention to make / continue to make this community your home? Y___ N___

EDUCATION

Begin with high school, then college(s), business or trade schools and/or other specialized training

Name & City of School	Date From/To	Degree	Major

Extracurricular Activities: Special Honors or Awards for Leadership Activities, Academic Performance or other areas; and any professional designations (i.e. CPA, etc.)

EMPLOYMENT

Length of service with present business / organization _____

Briefly describe your job responsibilities _____

Previous Employer	Title	From/To	Reason for Leaving

What do you consider your highest responsibility, skill or career achievement so far?

ORGANIZATIONS & ACTIVITIES

List organizations of which you have been a member during the past five years

Business & Professional Organization	Dates	Position Held/Your Contribution

Civic, Religious, Social, Athletic and Other

Please write your answers to the next three questions on additional sheet/s of paper and attach to this application.

1. What is your goal for from your involvement in Leadership Pflugerville?
2. In your opinion, what are three pressing issues facing the Pflugerville area today?
3. What other things should the selection committee know about you in order to make an informed decision about your application for the Leadership Pflugerville program?

Name three persons in Pflugerville whom the selection committee could contact for additional information about your leadership skills?

Name _____ Contact information _____

Name _____ Contact information _____

Name _____ Contact information _____

Leadership Pflugerville is planned to be a learning experience and requires attendance at each of the monthly meetings over the six month period. I understand that any participant who is absent for as many as two (2) meetings, for whatever reasons, shall be dropped from the program. I also understand that the \$100 tuition is not refundable.

COMMITMENT PLEDGE

1. I wish to participate in Leadership Pflugerville.
2. I have my company's / organization's support for my participation.
3. I will be able to attend the meetings.
4. I will submit my payment for tuition by the first class date.

The information submitted with this application is true and correct to the best of my knowledge.

I understand all aforementioned commitments and agree to be bound by them in signing this application.

Applicant's signature

Date _____

Please return this completed application to:

Leadership Pflugerville
C/o Pflugerville Community Development Corp.
P.O. Box 1160; 203 West Main; Suite E
Pflugerville, Texas 78660-1160