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| Leadership Rutherford logo.jpgClass of 2019 Application | | | | | | | | | | | | | |
| 3050 Medical Center Parkway **Murfreesboro, TN 37129**  **Phone: (615) 893-6565**  **Fax: (615) 278-2013** | | | | | | | | | | | | | |
| Last Name: | | | First: | | | | | | | | | Middle: | |
| Gender: | Age: | | | | | | Name you wish to go by: | | | | | | |
| Spouse: | | | | | | | | | Years in Rutherford County: | | | | |
| Children (names & ages) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Home address: | | | | | | | | | | | | | |
| City: | | | | Zip Code: | | | | | | | | | Birth month & date: |
| Home Phone: | | | | | | Cell Phone: | | | | | | | |
| Email Address (where you would like to receive Leadership Rutherford information): | | | | | | | | | | | | | |
| Business Name: | | | | | | | | | | | | | |
| Business Address: | | | | | | | | | | | | | |
| Business Phone: | | | | | | | | Fax: | | | | | |
| EMERGENCY CONTACT INFORMATION | | | | | | | | | | | | | |
| Name: | | Relationship: | | | | | | | | | Phone: | | |
| Are there any special concerns/conditions that we need to be aware of? | | | | | | | | | | | | | |
| Employment Information (Account for all periods including active military duty) | | | | | | | | | | | | | |
| Present employer: | | | | | | | | | | Date Began: | | | |
| Title/Responsibility: | | | | | | | | | | | | | Since: |
| What do you consider your highest responsibility, skill or career achievement so far? | | | | | | | | | | | | | |
| PREVIOUS EMPLOYMENT | | | | | | | | | | | | | |
| 1. Employer: | | | | | | | From/To: | | | | | | |
| Title/Responsibility: | | | | | | | Reason for Leaving: | | | | | | |
| 2. Employer: | | | | | | | From/To: | | | | | | |
| Title/Responsibility: | | | | | | | Reason for Leaving: | | | | | | |
| education (Begin with high school, include education and/or training beyond that ) | | | | | | | | | | | | | |
| **Name of School and City/State** | | | | | | | **Dates Attended** | | | | | **Degree/Major** | |
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| organizations and activities Please list (in order of importance to you) up to five professional, business, civic, community, religious, social, athletic or other organizations of which you have been a member and your leadership role in each. | | | | | | | | | | | | | |
| **Organization** | | | | | **Length of Membership** | | | | | | | | **Office Held** |
|  | | | | |  | | | | | | | |  |
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| Regarding the activities above, what would you consider to be your biggest accomplishment? | | | | | | | | | | | | | |
| Have you been as active in community, civic, professional or other activities as you would like to be? | | | | | | | | | | | | | |
| If not, what have been the major barriers to your involvement? | | | | | | | | | | | | | |
| GENERAL INFORMATION | | | | | | | | | | | | | |
| What do you hope to gain from your Leadership Rutherford experience? | | | | | | | | | | | | | |
| What are your chief hobbies and/or recreational activities? | | | | | | | | | | | | | |
| Please respond to the following:  In your judgment: **What are the two most pressing problems (be specific) facing Rutherford County today? Explain why you think so and recommend solutions/alternatives for approaching and resolving these problems.**           **These stated problems are essential evaluations of your interest in Leadership Rutherford and will be incorporated into the active program material.** | | | | | | | | | | | | | |
| Are you a registered and active voter? | | | | | | | | | | | | | |
| Tuition for the Leadership Rutherford program is $1,000. Who will be responsible for tuition payment – you or your employer? | | | | | | | | | | | | | |
| **Because there are more applicants for Leadership Rutherford than there are spaces, we must ask that participants commit to attending 100 percent of the year’s program. Are you and your employer willing to make such a commitment from September to June?**  *Absenteeism will result in being dropped from the course.* ***If you are unable to make this commitment, it is not in your best interest to apply at this time.*** | | | | | | | | | | | | | |
| REMEMBER:   * **EMAIL** a high resolution digital headshot to [LRyan@rutherfordchamber.org](mailto:LRyan@rutherfordchamber.org) * **COMPLETE** all parts of the application * **EMAIL** the application to [LRyan@rutherfordchamber.org](mailto:LRyan@rutherfordchamber.org) | | | | | | | | | | | | | |
| ALL APPLICATIONS must ***be received*** in the Leadership Rutherford office before 4:30 p.m. on May 11, 2018. | | | | | | | | | | | | | |