



**CONTRA COSTA LOCAL GOVERNMENT
LEADERSHIP ACADEMY**

2019 PROGRAM APPLICATION

Applicant Information

Agency:	
First Name:	Last Name:
Title:	Department:
Email:	Phone:

Supervisor Information

First Name:	Last Name:
Title:	Department:
Email:	Phone:
Supervisor Signature:	

** As supervisor, I endorse this application and agree to allow the candidate to attend all seven full-day sessions on the first Thursday of each month, January through July 2019, in addition to four coaching sessions, 3-5 hours of additional work per week.

Coaching Preferences

- Would you prefer to be coached by someone in your agency or someone from another agency?
 Inside my agency Another agency
- Would you prefer to be coached by someone in your same field or are you open to a leader from another discipline?
 Same field Open to another discipline
- Is there someone specific that you would like to be coached by?
 Yes (continue to questions a-e below) No
 - Their name: _____
 - Their title: _____
 - Their agency: _____
 - Their email address: _____
 - Their telephone number: _____

Short Essay

Please respond on a separate sheet of paper to the following questions. Please keep your responses to no more than two pages total. Please also attach a resume.

- Describe your career goals and what you have done to further them.
- Describe your skills and competencies.
- What would you like to learn by participating in the Leadership Academy and what will be of value to you and your agency?

Applicant Commitment

I have read the Leadership Academy program description, agree to attend all monthly sessions, commit to 2-4 hours of additional work per week, attend one Public Managers' Association Meeting (June 13, July 11 or August 8, 2019), attend one-on-one coaching sessions, and to fully participate in the program. I have received approval to participate by my supervisor and agency's chief executive.

Signature	Date
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Chief Executive Approval (City/Town Manager, County Administrator, General Manager, Fire District Chief)

Please note that all County employees, including Sheriff's Office, District Attorney's Office, Clerk-Recorder's Office, must have approval from the County Administrator's Office.

First Name:	Last Name:	
Signature:		
Date:		

Applicant: Submit the approved application, short essay, applicant commitment, and Chief Executive Approval to Danielle Habr at dhabr@pleasanthillca.org (single PDF file preferred) no later than Wednesday, October 17, 2018.

For more information, visit the Academy's website at www.contracostalocalgovtacademy.com