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***Henrico County Human Resources***

***Organizational Learning & Talent Development***

**Emerging Leaders Certification Program Application**

*(Due last business day of May or November each year)*

**Applicant Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this a supervisory position? \_\_ Yes \_\_ No

Have you been with Henrico County for more than 6 months in a full-time position? \_\_\_\_ Yes \_\_\_\_ No

**State the goals you are trying to achieve in joining the Emerging Leaders Program and describe how you think joining this program might help you achieve those goals:**

***(At least 150 words. If you need additional space, send it in a Word document.)***

**Signature of Agreement:**

***This program involves participation in classroom training offsite as well as completing projects. By signing below, I understand that I am agreeing to the time commitment that participation in this program requires indicated in the ELCP Overview.***

|  |  |
| --- | --- |
| **Employee Signature:** |  |

*\*Applications must be submitted to Rebecca Slough at* [*slo@henrico.us*](mailto:slo@henrico.us) *by the last business day of May or November.*