



APPLICATION 2016-2017

INSTRUCTIONS

- Please complete each section in full.
- Type or print.
- Limit answers to available space.
- Application must be signed by candidate and candidate's employer. One personal letter of recommendation must be received no later than **Thursday, September 1, 2016** at the office of the Clayton Chamber of Commerce.
- Applicants will be notified during the week of September 19, 2016.

CONFIDENTIAL APPLICATION

All applications are subject to confidential evaluation. A brief personal interview may be required. If you are not selected to participate in the 2016-2017 Leadership Clayton program, you may reapply in a subsequent year. Applications are not held from year to year and must be resubmitted.

I. Personal Data

Name: _____
Last *First* *Middle*

Home Address _____

Business _____

Title _____

Address _____

Home Phone _____ Business Phone _____

E-mail Address _____

II. Education

A. College/University

Dates

Degree Completed

B. Special Awards/Honors

III. Employment

Present Employer _____

Date of Hire _____ Title _____

A. Describe your major job responsibilities:

B. List previous employment:

Employer	Title	Dates of Employment

IV. Community Activities

A. Please list, in order of importance to you, up to three civic, professional, business, religious, social, community, athletic, or other organizations of which you are, or have been a member.

Organization	Dates of Membership
1. _____	
Responsibility_____	
2. _____	
Responsibility_____	
3. _____	
Responsibility_____	

V. General Information

A. Provide a brief statement explaining why you would like to be selected for Leadership Clayton.

B. List the strengths and experiences that make you an outstanding candidate for Leadership Clayton:

C. Please provide one personal letter of recommendation for Leadership Clayton.

VI. Commitment

Each participant must attend all sessions.

Tuition for Clayton Chamber of Commerce members is \$550 and is non-refundable. Tuition for other participants is \$650. Once selected, payment is due upon confirmation of acceptance.

Employer's Agreement

I fully support the application of _____ for the 2016-2017 Leadership Clayton program, and I represent that his/her employer is willing to make available the necessary time for full participation in all scheduled classes and activities.

Signature _____

Date _____

Applicant's Agreement

I understand the goals and obligations of the Leadership Clayton program. If selected, I will make the commitment to attend all sessions. I understand that my absenteeism could result in being dropped from the program.

Signature _____

Date _____

Send completed application (**no later than 5:00 p.m. September 1, 2016**) to:

Attention: Leadership Clayton
Clayton Chamber of Commerce
225 S. Meramec Avenue
Suite 300
Clayton, Missouri 63105
(314) 726-3033
FAX: (314) 726-0637
E-mail: ccc@claytoncommerce.com