



## APPLICATION 2019-2020

### 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, August 29, 2019** at the office of the Clayton Chamber of Commerce.
- Applicants will be notified during the week of September 23, 2019.

### 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 2019-2020 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 \_\_\_\_\_

Business E-mail Address \_\_\_\_\_

## II. Education

A. College/University

Dates

Degree Completed

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B. Special Awards/Honors

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## III. Employment

Present Employer \_\_\_\_\_

Date of Hire \_\_\_\_\_ Title \_\_\_\_\_

A. Describe your major job responsibilities:

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B. List previous employment:

Employer

Title

Dates of Employment

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#### IV. Community Activities

A. Please list, in order of importance to you, up to three civic, professional, business, 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.

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

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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 \$575 and is non-refundable.** Tuition for other participants is \$675. Once selected, payment is due upon confirmation of acceptance.

### Employer's Agreement

I fully support the application of \_\_\_\_\_ for the 2019-2020 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. August 29, 2019**) 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](mailto:ccc@claytoncommerce.com)