



ELA 2015 Application Form

The mission of the State of Wisconsin Enterprise Leadership Academy is to develop visionary, service-oriented leaders dedicated to excellence in state government.

"ELA - Developing Quality Leadership with Vision"

Contact Information

Applicant Name _____

Title/Classification _____

Agency _____

Work Address _____

street

city / state/ zip

Phone () _____ () _____
Work Alternative (cell, home)

FAX () _____ Work E-mail _____

Educational Background

<u>Institution Name & Location</u>	<u>Degree/Diploma</u>	<u>Year</u>	<u>Major/Specialization</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Past Supervisory or Management Training

Please list, on the next page, past supervisory or management related training taken in the last five years. Training may include university credit or non-credit courses, state-sponsored classes (including required supervisory training), training offered by your unit, vocational/technical classes, and professional training seminars that focus on supervision or management. Classes may include topics such as:

- | | |
|---|---|
| <ul style="list-style-type: none">▪ <i>The Personnel System</i>▪ <i>EEO/Affirmative Action</i>▪ <i>Time Management</i>▪ <i>Introduction to Supervision/Role of Supervisor Delegation</i>▪ <i>Leading Meetings</i>▪ <i>Motivation/Coaching and Counseling</i>▪ <i>Conflict Management</i>▪ <i>Performance Planning and Evaluation</i>▪ <i>Discipline/Grievance</i> | <ul style="list-style-type: none">▪ <i>Perceptive Communication</i>▪ <i>Planning/Goal Setting for the Work Unit</i>▪ <i>Basics of Decision Making and Problem Solving</i>▪ <i>Advanced Labor Relations</i>▪ <i>Group Process/Group Decision Making</i>▪ <i>Teambuilding</i>▪ <i>Leadership</i>▪ <i>Interpersonal Communication</i> |
|---|---|

<u>Year</u>	<u>Subject of Course</u>	<u>Provider</u>	<u># of days or semesters</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(attach additional sheet if needed)

Applicant Essay

Applicant statements will be a significant portion of scoring criteria and applicants are encouraged to put significant thought into this part of their submission.

****Please *attach a one-page statement* describing the following:**

- Why you want to participate in the ELA program
- What you believe you will gain from the program
- How you believe you will be able to share the knowledge gained
- What you believe you can contribute to the success of the program

Applicant Commitment

I verify that the above information is accurate to the best of my knowledge. If selected to participate in the ELA program, I commit to full participation and to abide by the attached program policies and guidelines. I further understand that upon successful completion of the program I will be eligible to receive significant hours of credit which can be applied should I choose to pursue Certified Public Manager(R) certification.

Signature _____ Date _____

Please submit both the Nomination form and Application (in the same envelope) by no later than January 5, 2015 to:

ELA Program
OSER - DA FGHU b[
Inter-D Mail: 101 E. Wilson Street, 4th Floor -or-
U.S. Mail: P.O. Box 7855, Madison, WI 53707-7855

Voluntary Information

The following information is collected to enhance the programming efforts at the State of Wisconsin and is voluntary.

SEX: ☐ Female ☐ Male
DISABLED: ☐ Yes ☐ No
BIRTHDATE: _____ Month _____ Day _____ Year
HERITAGE: ☐ American Indian ☐ Asian/Pacific Islander ☐ African
☐ Hispanic ☐ White or Other

If desired, please note if you require any special accommodations.

The ELA Program is committed to diversity and encourages applications from women, minorities and persons with disabilities