



# Application Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ # of years \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's email address: \_\_\_\_\_

Business Address: \_\_\_\_\_

City State Zip

Home Address: \_\_\_\_\_

City State Zip

Telephone: \_\_\_\_\_

Business

Cell

Email address: \_\_\_\_\_

Ethnic Identity\* \_\_\_\_\_

\*Your response is optional. We ask because *Leadership Dakota County* seeks participants who represent the diversity present in our community.

How many years have you lived in Dakota County? \_\_\_\_\_

How long do you plan to stay in Dakota County? \_\_\_\_\_

Past Employment:

Company	Position	Number of Years
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational History (list most recent first):

<u>School</u>	<u>Degree/Certificate</u>	<u>Year completed</u>
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***Current and Past*** Organizational Affiliations:

Organization \_\_\_\_\_

Position held: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization \_\_\_\_\_

Position held: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization \_\_\_\_\_

Position held: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization \_\_\_\_\_

Position held: \_\_\_\_\_ Dates: \_\_\_\_\_

Why are you interested in participating in *Leadership Dakota County*?

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How will you use what you learn to give back to Dakota County?

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Are you willing and able to commit the time to attend all sessions of Leadership Dakota County (from 12:30 am – 4:30 pm) and to participate in a team project outside of the sessions? \_\_\_\_\_

Any concerns? \_\_\_\_\_

Thanks for your interest. Please complete this application and submit with a professional (head shot) photo to:

- Electronically to Pam Miller at [miller4321@hotmail.com](mailto:miller4321@hotmail.com)
- Mail or drop off hard copy to: South Sioux City Chamber  
4401 Dakota Avenue  
South Sioux City, NE 68776