

Application

Please type or print legibly. Illegible or incomplete applications will not be considered. Limit your responses to the space allocated. Letters of recommendation are encouraged, but not required.

Personal Information: This information is used to ensure the class will be a cross-section of Pearland.

Name As Appears on Drivers License:

| | | |
|------|-------|----------------|
| Last | First | Middle Initial |
|------|-------|----------------|

Name you would like to be called: _____

Date of Birth: ____/____/____ Male Female Spouse's Name _____

Home Address: _____

| | | |
|------------------------------|------|-----|
| Street Address (No P.O. Box) | City | Zip |
|------------------------------|------|-----|

Home Phone: () _____ Mobile () _____

Where do you want your mail sent? Home Business * Number of years you have lived at present address: _____

Employment:

Business Name: _____ Your Business Title: _____

Business Address: _____

| | | |
|------------------------------|------|-----|
| Street Address (No P.O. Box) | City | Zip |
|------------------------------|------|-----|

Business Phone () _____ Fax No. () _____ E-Mail _____

Length of service with present company: _____

Brief description of your duties: _____

Are you subject to transfer? Yes No If yes, how often _____

Do you have the full support of your employer for the time required to participate effectively? Yes No

May we call your supervisor to verify this information? Yes No

Name of supervisor: _____ Telephone number: () _____

Previous employment (In reverse chronological order)

| Employer | Title | From/To | Reason for Leaving |
|----------|-------|---------|--------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

What do you consider your highest responsibility, skill, or career achievement so far?

Education:

(Include high school, college, business or trade school, and or other training)

1. _____
2. _____

Organizations and Activities:

| | Organization Name | Date | Position Held | Awards/Honors |
|----|-------------------|-------|---------------|---------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

How many hours per month are currently committed to community, civic, professional and other organizations and activities?

Your Opinions – Hopes – Visions:

What do you hope to gain from your involvement in Leadership Pearland, Texas?

In your judgment, what are the three most pressing problems facing Pearland, Texas today? Give any recommendations for approaching and/or resolving these problems.

1. _____

2. _____

3. _____

What other facts should the selection committee know about you to make an intelligent decision about your application for Leadership Pearland, Texas?

I have answered the questions on this application truthfully to the best of my knowledge. I have read and do understand the eligibility requirements.

This application must be in the Pearland Chamber of Commerce office at 6117 Broadway Street, Pearland, Texas 77581 by the **deadline of Friday, August 30, 2019 at 5:00 PM.**

Signature of Applicant: _____ Date: _____