

Submit Completed Application to:

El Dorado County Chamber of Commerce
542 Main Street, Placerville, CA 95667
Phone: 530/621-5885 FAX: 530/642-1624

Application for Leadership El Dorado

PRINT USING INK

Name _____
Last First Middle Initial

Mailing Address _____

E-mail _____ Phone _____

City _____ State _____ Zip _____

Mobile Phone _____ FAX _____

Residence address (if different than above) _____

Should you require disability-related accommodations for interviews and the meetings, please contact the El Dorado County Chamber of Commerce office at 503/621-5885.

EDUCATION

Type of Degree

Location

Date

Highest Degree Obtained _____

PROFESSIONAL AFFILIATIONS:

Name

Address

Phone

a. _____

b. _____

c. _____

PROFESSIONAL REFERENCES:

Name

Address

Phone

a. _____

b. _____

c. _____

WORK EXPERIENCE

Your present or last
From To
Mo Day Yr Mo Day Yr

Job Title _____

Employer's Name _____

Your Duties _____

Address _____

City _____ State _____ Zip _____

Phone _____

Signature of Applicant _____

Date _____

THE EL DORADO COUNTY CHAMBER IS AN EQUAL OPPORTUNITY EMPLOYER

Please be brief in your responses to the following questions:

(However, feel free to add pages as needed, with a maximum not to exceed 200 words per question.)

1. Why are you interested in participating in this program and what do you hope to gain?

2. Describe your current role and responsibilities and the importance of your organization.

3. In your experience, what is the difference between managing and leading? Give an example in leadership that you have learned.

4. Describe one of the greatest successes of your career. Give an example of where you did not succeed.

5. What do you feel is the most important future issue facing El Dorado County?
