

Application/Nomination for the 2018 State of Wisconsin Enterprise Management Development Academy (EMDA)



Applicant/Nominee Contact Information – Please provide all information requested

Name of Applicant/Nominee _____

Position _____

Agency _____

Work Address _____

street

city / state / zip

Work Phone () _____ () _____

Alternative (cell, home)

FAX () _____ Work E-mail _____

Educational Background – Please provide any applicable information

Education	Name & Location	Degree/Diploma	Year	Major/Specialization
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Past Supervisory, Management, Similar Training or Experience

Please list below 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 topics such as:

Personnel/Human Resource System
Labor Relations
Performance Planning/Evaluation
Decision-Making, Problem-Solving
Perceptive Communications
Delegation

Discipline/Grievance
Introduction to Supervision
Motivation/Coaching
Group Process
Conflict Management
Time Management

EEO/Affirmative Action
Planning/Goal Setting
Leadership
Team-Building
Interpersonal Communication
Leading Meetings

Program Name	Provider/Source of Training	Month/Year	# of Days
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Nominator's Contact Information

(for nominations submitted by someone other than the applicant; if self-nomination leave blank & see next page)

Nominator's Name _____

Title _____

Agency _____

Work Phone () _____

FAX () _____ Work E-mail _____

Nomination by Manager/Supervisor

(for nominations submitted by manager/supervisor; leave this area blank if self-nomination—see below)

I, _____ nominate

_____ to participate in the EMDA Program. In nominating him/her for the program, I am recognizing her/his management abilities and potential. I am also recognizing that her/his participation will require time away from work, and that the organization will encourage this professional development activity, within the constraints of organizational demands.

Signature _____ Date _____

Please use the space below to comment on the applicant's abilities, work record, professional potential and personal qualities. (Attach extra sheet if needed.)

Nomination by Self

I, _____ nominate myself to participate in the EMDA Program. In nominating myself for the program, I am recognizing my management abilities and potential. I am also recognizing that my participation will require time away from work, and that the organization will encourage this professional development activity, within the constraints of organizational demands.

Approval of Manager/Supervisor (for Self-Nominations)

I, _____ recognize the

management abilities and potential of _____ and approve of his/her participation in the EMDA Program. I am also recognizing that her/his participation will require time away from work, and that the organization will encourage this professional development activity, within the constraints of organizational demands.

Applicant Essay

(must be included whether the applicant self-nominates or is nominated by someone else)

Please attach a one-page statement describing why you want to participate in the EMDA program, what you believe you will gain from the program, and what you believe you can contribute to the success of the program.

Applicant Commitment

(must be completed whether the applicant self-nominates or is nominated by someone else)

I verify that the above information is accurate to the best of my knowledge. If selected to participate in the EMDA program, I commit to full participation and to abide by all program policies and guidelines (see attached policies and guidelines).

Signature _____ Date _____

Billing Information

Where should the invoice be sent?

Name/Unit _____

Work Address _____

City _____ State _____ Zip _____

Agency Head Approval

It is my professional opinion that this individual should be admitted to the EMDA program.

Signature _____ Date _____

Please submit completed application/nomination form by October 31, 2017 to:

**State of Wisconsin, Division of Personnel Management
Attention: EMDA Program
101 E. Wilson Street, 4th Floor
Madison, WI 53703**

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

SEX: Female Male
DISABLED: Yes No If yes, state any special accommodations: _____
BIRTHDATE: Month _____ Day _____ Year _____
HERITAGE: American Indian Asian/Pacific Islander African
 Hispanic White or Other

EMDA is committed to diversity and encourages applications by women, minorities and persons with disabilities.