

APPLICATION for the CERTIFICATE OF PUBLIC MANAGEMENT PROGRAM
STATE OF OREGON
Willamette University-Salem
To be filled out by the employee

Employee Section	NAME AND ADDRESS	
	NAME (LAST, FIRST, M.I.):	AGENCY AND DIVISION:
	WORK ADDRESS:	SUPERVISOR:
	CITY, STATE, AND ZIP CODE:	HOME ADDRESS:
	WORK TELEPHONE:	CITY, STATE, AND ZIP CODE
	WORK E-MAIL:	HOME EMAIL:
<p>IMPORTANT: Please attach a clearly written, ONE page statement that explains why you want to participate in the program, how this program will aid in your career goals and your success as a manager, and how you expect your participation will help your organization. <i>Please limit your answer to one page.</i></p>		
<p>Please mark all that apply:</p> <p>Gender: <input type="checkbox"/> Female Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Native American <input type="checkbox"/> Male <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Person with a disability <input type="checkbox"/> Other</p> <p style="text-align: center;"><small>(This is voluntary information and is used for Affirmative Action reporting.)</small></p> <p><small>I understand that any oral or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of the process, whether made by me or by others at my request, will result in rejection of my application.</small></p> <p><small>I certify that all statements contained herein are true and complete whether made by me or others at my request.</small></p>		
SIGNATURE AGREEMENT:	DATE:	

EDUCATION / TRAINING HISTORY						
<small>Do you have a high school diploma or a GED certificate? (CHECK ONE) YES <input type="checkbox"/> NO <input type="checkbox"/></small>						
<small>List colleges, military, trade, business or other schools attended.</small>						
Name and Location of School	Course of Study (List Major)	Credits Earned			Graduated (Yes / No)	Type of Degree or Certificate Received
		Clock hours	Qtr. hours	Sem. hours		
A						
B						
C						

ACADEMIC CREDIT REQUEST
<p>_____ I am seeking 12 semester credits at the UNDERGRADUATE level. (No official transcript is required.)</p> <p>_____ I am seeking 12 semester credits at the GRADUATE level. OFFICIAL transcript of an undergraduate degree and a cover letter requesting graduate credit are REQUIRED.</p> <p style="text-align: center;">Send to: Janet Jobs, AGSM Recorder ATTN: Certificate in Public Management Program Willamette University 900 State Street Salem, OR 97301</p>

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Supervisor Section	<input type="checkbox"/> recommend <input type="checkbox"/> do not recommend the above employee for the Certificate of Public Management Program. <p style="text-align: center;">Please include a letter of recommendation for this employee.</p>	
	Name and Title: _____ Agency: _____	
	I approve and give authorization for time off work _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> Signature Date </div>	
	NOTE: <i>Only sign this section if you are recommending the employee</i>	
	I certify the above statements are true and accurate to the best of my knowledge.	
SIGNATURE		DATE:

Agency	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Agency and Title: _____	
	SIGNATURE:		DATE:

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CURRENT JOB:			
NAME OF EMPLOYER:		EMPLOYER'S ADDRESS AND PHONE NUMBER:	
KIND OF BUSINESS:		SUPERVISOR'S NAME AND PHONE NUMBER:	
YOUR JOB TITLE:		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR):		<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above	
TO (MONTH - YEAR):			
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (AVERAGE):	LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND LIST THEIR JOB TYPE:	# OF YEARS SPENT IN SUPV/MID-MANAGEMENT:
DUTIES (List all duties you performed.):			

Please list all experience which relates to supervision/management/leadership, including volunteer or other experience:

#1			
NAME OF EMPLOYER:		EMPLOYER'S ADDRESS AND PHONE NUMBER:	
KIND OF BUSINESS:		SUPERVISOR'S NAME AND PHONE NUMBER:	
YOUR JOB TITLE:		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR):		<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above	
TO (MONTH - YEAR):			
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (AVERAGE):	LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND LIST THEIR JOB TYPE:	# OF YEARS SPENT IN SUPV/MID-MANAGEMENT:
DUTIES (List all duties you performed.):			

#2			
NAME OF EMPLOYER:		EMPLOYER'S ADDRESS AND PHONE NUMBER:	
KIND OF BUSINESS:		SUPERVISOR'S NAME AND PHONE NUMBER:	
YOUR JOB TITLE:		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR):		<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above	
TO (MONTH - YEAR):			
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (AVERAGE):	LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND LIST THEIR JOB TYPE:	# OF YEARS SPENT IN SUPV/MID-MANAGEMENT:
DUTIES (List all duties you performed.):			

Send application and recommendation letter form to:

Kathy Shepherd
Statewide Training & Development
DAS/Human Resource Services Division
155 Cottage St NE U-30, Salem OR 97301-3967
(503) 378-4477
kathy.j.shepherd@state.or.us