



PARTNERSHIP FOR PUBLIC SERVICE

EXCELLENCE IN GOVERNMENT FELLOWS PROGRAM APPLICATION

Personal Information

SALUTATION:

FIRST FULL NAME*:

MIDDLE NAME OR INITIAL(S)*:

LAST NAME*:

NICKNAME:

JOB TITLE*:

OCCUPATION:

___ Acquisition/Contract Management

___ Business and Operations

___ Communications

___ Finance

___ Human Resources

___ Information Technology

___ Medical/Public Health

___ Science/Engineering

___ Other

DEPARTMENT OR AGENCY:

SUBCOMPONENT:

OFFICE OR WORK UNIT:

PREFERRED PHONE NUMBER*:

WORK PHONE*:

MOBILE PHONE:

HOME PHONE:

PREFERRED EMAIL*:

WORK EMAIL*:

PERSONAL EMAIL:

ADDRESS TYPE*:

☐ Work

☐ Home

☐ Other

STREET:

CITY:

STATE:

ZIP CODE:

Professional Experience and Objectives

TOTAL YEARS WITH CURRENT AGENCY*:

TOTAL YEARS OF GOVERNMENT SERVICE*:

OF EMPLOYEES OR PROJECTS YOU SUPERVISE*:

GS LEVEL OR EQUIVALENT*:

DESCRIBE YOUR CURRENT JOB RESPONSIBILITIES. LIMIT 300 WORDS.*

DESCRIBE YOUR SHORT- AND LONG-TERM CAREER OBJECTIVE(S). WHY IS LEADERSHIP DEVELOPMENT IMPORTANT AT THIS POINT OF YOUR CAREER? LIMIT 300 WORDS.*

LIST NAME, DATE ATTENDED, AND PROVIDER OF ANY OTHER LEADERSHIP, MANAGEMENT OR OTHER PROGRAMS YOU HAVE PARTICIPATED IN OVER THE LAST FIVE YEARS. LIMIT 300 WORDS.*

WHY HAVE YOU CHOSEN TO APPLY FOR THIS PROGRAM? DESCRIBE ONE THING YOU HOPE TO TAKE AWAY FROM IT. LIMIT 300 WORDS.*

ARE YOU INTERESTED IN APPLYING TO THE SENIOR EXECUTIVE SERVICE?

☐ Yes

☐ No

Resume

Please include your resume. Limit three pages.

Supervisor Information

SALUTATION:

FIRST NAME*:

LAST NAME*:

JOB TITLE*:

PHONE*:

EMAIL*:

STREET*:

CITY*:

STATE*:

ZIP CODE*:

Letter of Reference

A letter of reference from your immediate supervisor will be *required* to complete the application. He/she should indicate your suitability for this program, state why they think that you are an ideal candidate and comment on your potential to contribute to both the program and your agency. You may email it directly to Jennifer Benbow at jbenbow@ourpublicservice.org. The file should be no larger than two pages.

Supplemental Information

HOW DID YOU LEARN ABOUT THE PROGRAM?*

☐ Agency Announcement

☐ Colleague

☐ Supervisor

☐ Training Coordinator

☐ Website

☐ Other

DID YOU GO THROUGH AN INTERNAL AGENCY PROCESS?*

☐ Yes

☐ No

Please indicate below if you would like to attend the EIG program in person or if you would prefer to join virtually. Your selection will be used to assign you to a cohort accordingly and we will not be able to accommodate any changes to cohort assignments once the program begins. If you have not already done so, please review additional details on our approach and in-person safety guidelines [here](#).

☐ Virtual

☐ In-person

Once accepted into this program, your non-refundable tuition payment will be required before the program start date. If you can no longer attend, you may defer your program registration for up to one year. For any questions or concerns about making payment before the program start date, please contact our Accounts Manager, Thmina Khalid, at tkhalid@ourpublicservice.org.