

**Willamette University Atkinson Graduate School
Executive Development
APPLICATION for the UTILITY MANAGEMENT CERTIFICATE PROGRAM**

To be filled out by the employee- Please print clearly

NAME AND ADDRESS	
NAME (LAST, FIRST, M.I.)	MAILING ADDRESS (Current address -where items can be mailed to you at home or office)
UTILITY NAME - UNIT	WORK TELEPHONE
WORK ADDRESS	WORK e-mail
CITY, STATE, ZIP CODE	HOME e-MAIL
DATE OF BIRTH	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

Please mark all that apply:

Gender: Female Male
Ethnicity: White African-American Native American
 Asian Pacific Islander Hispanic
 Person with a disability Other

(This is voluntary information and is used for Affirmative Action reporting.)

I understand that any oral or written statement that is false, fraudulent or misleading that is contained in this application 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.

- ◆ I certify that all statements contained herein are true and complete whether made by me or others at my request.
- ◆ I hereby grant permission to Willamette University to release my grade for this course to my employer if required for tuition payment.

SIGNATURE AGREEMENT:	DATE:
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EDUCATION/TRAINING HISTORY

Do you have a high school diploma or a GED certificate? (CHECK ONE) Yes No

List colleges, military, trade, business or other schools attended

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		

ACADEMIC CREDIT FOR THIS PROGRAM:

_____ I am seeking 4 semester credits at the UNDERGRADUATE level. (No official transcript is required.)

_____ I am seeking 4 semester credits at the GRADUATE level.

OFFICIAL transcript of an undergraduate degree and a cover letter requesting graduate credit are REQUIRED. Send to:

Karen Arthur, AGSM Recorder
Attn: Utility Management Certificate Program
Willamette University
900 State Street
Salem, OR 97301

Employer Section	<input type="checkbox"/> I approve the attendance of the above employee at the Utility Management Certificate Program, and authorize the required time away from work in accordance with company policy.
	_____ Name and title (please print)
	_____ SIGNATURE _____ DATE

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To be filled out by the employee- Please print clearly

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):	TO (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	
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)	TO (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	
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):	TO (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	
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 entire application form to: <p align="center"> Judy Hampe Atkinson Graduate School of Management Willamette University 900 State Street Salem, OR 97301 PH: 503-370-6791 FAX: 503-370-3011 </p>
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