

Admin Support Level 1 Certification Program Application

(Class 4)

Instructions: Complete the application. Save to your computer. Then, email the document with a copy of your resume to chacker@montgomeryal.gov. Applications must be submitted no later than April 19, 2019. Applicants will be notified after the deadline regarding participation.

Name		Job Title	
Work phone #		Work email	

Department		Work Location	
Supervisor's Name		Supervisor's Phone	
Supervisor's Email			

Briefly describe your current work responsibilities.

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What are your career goals? Within 12 months? Within 3 years?

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What do you think are your current strengths?

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What specifically are you hoping to gain from the program (knowledge, skills, behaviors, experience)?

Part of the program includes working with a mentor. State at least three qualities or characteristics you feel you need to have in common with a mentor in order for the mentoring to be a productive partnership.

Check all that apply.

- I understand and agree to devote time for homework and outside projects.
- I understand that the program requires 21 hours of classroom training and agree to attend these seven classes. Classroom training lasts no more than 3 hours per session.
- I understand that the program requires approximately 13 hours of computer training. The dates and times are at the discretion of the participant.
- I understand that the program requires seven peer group meetings lasting at least one hour and I agree to attend.
- I understand that the program requires the completion of a journal with a total of four entries (two questions and two activities) each month.
- I have made my supervisor aware of my application and the amount of work time required to complete the program, and my supervisor has agreed to support my efforts.**

Signature/Your Name	Date
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