

## HR LEADERSHIP PROGRAM APPLICATION

As part of your application, please provide a **brief biography** and a **statement of intent**, explaining why you would like to participate in the program.

**GENERAL INFORMATION** PLEASE TYPE OR PRINT CLEARLY

Name *(for roster, diploma)*: \_\_\_\_\_

Name *(for name badge)*: \_\_\_\_\_

Title of Present Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**CURRENT HR ROLE**

Which of the following best describes your current functional responsibility?

- HR Specialist                     
  HR Generalist                     
  HR Strategist

Which of the following best describes your organizational level?

- Individual Contributor                     
  Mid-Level Manager  
 Team Leader or First-Level Manager                     
  Senior Manager or Executive

To whom do you report? *(name and title)*: \_\_\_\_\_

**AREAS OF EXPERIENCE**

Please list your degree of experience and knowledge within each of these HR disciplines, using "1" to indicate extensive experience, "2" for moderate, "3" for little, and "4" for none.

- |                                     |   |
|-------------------------------------|---|
| ___ Recruitment & Staffing          | ___ Leadership Development              |
| ___ Compensation & Rewards          | ___ Organization Design & Effectiveness |
| ___ Performance Management Systems  | ___ Employee/Conflict Resolution        |
| ___ Strategic Planning (HR Issues)  | ___ Labor Relations                     |
| ___ Employee Benefits               | ___ Employee Communications             |
| ___ Employee Training & Development | ___ International HR                    |
| ___ HR Information Systems          | ___ Acquisition & Merger (Integration)  |

**EMPLOYMENT HISTORY** MOST RECENT FIRST

Company	Title	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EDUCATION** MOST RECENT FIRST

School	Degree Year	Field of Specialization
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PROFESSIONAL CREDENTIALS**

I have earned the SHRM Certification designation:  PHR  SPHR  PHR-CA  SPHR-CA  
 I have completed UCSD's HR Management Certificate Program  
 I have earned other professional certificates, including: \_\_\_\_\_

**ORGANIZATION DESCRIPTION**

Company's primary products or services: \_\_\_\_\_

Company affiliations (*divisions/subsidiaries*): \_\_\_\_\_

Company sales last year – Total: \_\_\_\_\_ Your Division: \_\_\_\_\_

Number of employees – Total: \_\_\_\_\_ Your Division: \_\_\_\_\_

Number of HR staffers at your location: \_\_\_\_\_

**WHAT INDUSTRY ARE YOU IN?**

Which of the groupings below best describes your organization's business?

<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Bio-Tech	<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Construction	<input type="checkbox"/> Publishing
<input type="checkbox"/> Computers/Software	<input type="checkbox"/> Retail/Wholesale
<input type="checkbox"/> E-Commerce: 'Net-Based'	<input type="checkbox"/> Services
<input type="checkbox"/> Education	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Government/Public Agencies	<input type="checkbox"/> Transportation
<input type="checkbox"/> Health	<input type="checkbox"/> Utilities
<input type="checkbox"/> Insurance	<input type="checkbox"/> Other: _____

**ENDORSEMENT**

To be signed by an authorized senior manager who knows the candidate personally and has a significant role in shaping HR strategies for the organization. By affixing his/her signature, the endorser pledges the company's commitment to enabling this individual to fully participate in the UCSD HR Leadership Program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Endorsed by (*name and job title*): \_\_\_\_\_

Signature of Endorser: \_\_\_\_\_ Date: \_\_\_\_\_

**BILLING**

Billing contact (*name and title*): \_\_\_\_\_

Company name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

**RETURN COMPLETED APPLICATION BY MAIL TO:**

Rubi Treviño  
UC San Diego Extension  
HR Leadership Program  
8950 Villa La Jolla Dr., Suite C201  
La Jolla, CA 92037

**OR BY FAX TO:**

Attn: Rubi Treviño  
(858) 534-8130