



**EMERGING PUBLIC WORKS LEADERS PROGRAM  
APPLICATION FORM**

(Please read the EPWLP Rules & Conditions before completing this form.)

**APPLICANT:**

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

Title: \_\_\_\_\_

Agency/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

When did you first become employed in the public works field? \_\_\_\_\_, \_\_\_\_\_  
(Must be within the past 7 years or provide new position date) \_\_\_\_\_, \_\_\_\_\_

In what field or profession were you previously employed? \_\_\_\_\_

Have you ever attended the Public Works Expo (previously known as: International Public Works Congress and Exposition)? Please circle: **Yes or No**

Are you a current APWA Member (not required for applicant)? Please circle: **Yes or No**

Does your current employer support your participation in this program? Please circle: **Yes or No**

Please check the areas of Public Works that interest you the most:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Airports                                 | <input type="checkbox"/> Geographic Information Systems    | <input type="checkbox"/> Streets/Roads                   |
| <input type="checkbox"/> Bridges                                  | <input type="checkbox"/> Management/Administration/Finance | <input type="checkbox"/> Surveying                       |
| <input type="checkbox"/> Building Maintenance/Facility Management | <input type="checkbox"/> Parks & Grounds                   | <input type="checkbox"/> Transit                         |
| <input type="checkbox"/> Community Development/Planning           | <input type="checkbox"/> Public Policy                     | <input type="checkbox"/> Underground Locating            |
| <input type="checkbox"/> Construction/Contract Supervision        | <input type="checkbox"/> Safety/HazMat                     | <input type="checkbox"/> Utilities                       |
| <input type="checkbox"/> Design/Engineering                       | <input type="checkbox"/> Solid Waste                       | <input type="checkbox"/> Wastewater Collection/Treatment |
| <input type="checkbox"/> Emergency Disaster Management            | <input type="checkbox"/> Storm water/Flood Control         | <input type="checkbox"/> Water Treatment/Distribution    |
| <input type="checkbox"/> Equipment/Fleet                          |  |  |

Please answer the following questions on a separate sheet and attach to this application. Please limit your responses to each question to less than 150 words.

1. Why are you applying to be an WI Chapter Emerging Leader Program and what skill or knowledge do you hope to gain from participating in this program?
2. Describe your progression of leadership and responsibility.
3. How has your leadership contributed to your organization or your community?
4. Describe a time when you had to change a decision due to new facts, what was the situation and how was the new outcome accepted?
5. A requirement when accepted is to serve on a APWA WI Chapter committee, which one would you join, why, and how would you plan to contribute.

**MENTOR:**

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

Title: \_\_\_\_\_

Agency/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

How long have you been involved in the field of public works? \_\_\_\_\_ Years

Are you currently employed in the field of public works? Please circle: **Yes or No**

In what areas of public works do you have extensive direct experience?

How many times have you previously attended the PWX?

Never \_\_\_ one to three \_\_\_ four to six \_\_\_ seven to ten \_\_\_ eleven to fifteen \_\_\_ more than fifteen \_\_\_

Have you previously participated in any formal mentoring program? Please circle: **Yes or No**

Are you an APWA Member (required to be a mentor)? Please circle: **Yes or No**

Member # \_\_\_\_\_

Can you positively commit to participating in this program? Please circle: **Yes or No**

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**AGREEMENT AND COMMITMENT:**

By signing and submitting this form you are agreeing to participate in this program in accordance with the EPWLP Rules & Conditions as established by the APWA Wisconsin Chapter. Additionally, you are available to attend events and programs at the PWX in 2018.

Emerging Public Works Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

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**Applications and required attachments shall be sent to:**

Michael Wodalski, P.E.  
APWA WI - Leadership & Management  
c/o Village of Weston  
5500 Schofield Ave  
Weston, WI 54476

Electronic submissions may be sent to:  
[mwodalski@westonwi.gov](mailto:mwodalski@westonwi.gov)

<b>Application Checklist</b>	
<input type="checkbox"/>	Reponses to questions within application
<input type="checkbox"/>	Two letters of recommendation from people in the Public Works profession
<input type="checkbox"/>	Copy of your current resume
<input type="checkbox"/>	Signed application by both the applicant and mentor

**Complete applications with attachments must be received by May 18, 2018**