



Department of Health and Human Services

Government Leaders for Tomorrow (GL4T) Application

In order to be considered for the GL4T Program, you must submit a signed and completed application form along with the required essay. Please refer to the **“Frequently Asked Questions”** for essay question. All application items must be submitted as a complete package via email or mail. Incomplete applications will not be reviewed. Applications received after the application deadline will not be accepted.

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____ Apartment/Unit # _____
Street Address
City State ZIP Code

Phone: _____ Email _____

Please place X for "yes or no" answers

Are you a citizen of the United States? YES NO If no, are you eligible to work in the United States? YES NO

If there are restrictions, please explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

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Previous Employment

The Government Leaders for Tomorrow Program understands that career interests may vary depending on the participant. Please specify previous employment. If no previous employment, please specify relevant volunteer and/or extracurricular activities.

Company: _____ Phone: _____
Address: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Please provide the name of 2 character references

(Character references can be provided by neighbors, business acquaintances, family, friends, teachers, pastor, counselor, mentor, etc.)

Name: _____ Phone: _____

Name _____ Phone: _____

Please provide your area of interest

(eg. Technology, chemistry, health, computers, communications, etc.) _____

Essay Question: *On a separate page, in 500 words or less, please provide a printed/typed essay on the following:*

- 1) What would you like to gain from participating in this program?
- 2) What special skills/talents do you have to offer?

Additional Information			
Are you related to a current HHS employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide name of employee:
Are you of Black or Hispanic descent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please specify:
How did you learn about this leadership enrichment opportunity?			

Disclaimer and Signature

Reasonable Accommodation Request:

In the event that any participant requires reasonable accommodations, such as sign language interpreting services, please submit your request to GL4T@hhs.gov by July1, 2014.

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for the Government Leaders for Tomorrow (GL4T) Summer Program. I authorize the U.S. Department of Health and Human Services (HHS) to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this program application. I acknowledge that acceptance into the GL4T Summer Program does not mean that I am federally employed by the U.S. Department of Health and Human Services (HHS). I understand that this enrichment opportunity may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If accepted, I will be required to furnish proof of eligibility to work in the United States and to comply with all HHS departmental regulations and GL4T Program rules.

I confirm my understanding that this enrichment opportunity is NON-PAID, unless otherwise noted.

Do you agree and understand this information? YES NO
 If no, please explain:

Signature: _____ Date: _____

Guardian
Signature (if under 18 years old: _____ Date: _____