



Senior Leadership Institute

All fields must be completed

First and last name of applicant _____

Employee ID Number _____

Agency _____

Agency Training Director _____

When did you start working for the State of Minnesota? _____

Have you applied to this program in the past?

Yes

No

Briefly describe the responsibilities of your current position. Please list any direct reports.

Which qualities are important in future leaders in public services? (1,500-character limit)

How do you exhibit these qualities in your current role? (1,500-character limit)

What are your future aspirations or goals as a leader? (1,500-character limit)

What skills do you hope to develop by participating in the Senior Leadership Institute Program?
(1,500-character limit)

Diversity, Equity, Accessibility, and Inclusion (DEAI) are valued as the state. In what ways have you demonstrated a commitment to supporting or furthering DEAI initiatives at work? In what ways have you sought to increase your own self-awareness and growth in these areas? (1,500-character limit)

How will participating in this program benefit your agency and help further the State of Minnesota's goals and strategic initiatives? (1,500-character limit)

Attendance Policy: Participants are expected to attend and participate in all sessions and activities within their cohort. We understand that emergencies do occur. If an emergency occurs, the participant's manager/supervisor must notify us as soon as possible via email. If you are not able to continue in the SLI program no refund will be provided.

Do you agree to adhere to this attendance policy?

Yes No

I agree that the submission of this application is the legal equivalent of my manual signature on this application.

I certify that the above information is true and accurate to the best of my understanding.

I have submitted my agency senior leadership recommendation letter with my application. The letter is saved as, "My last name_my first name_Commissioner Letter".

Yes No