



Bridges Candidate Application

Employer/Sponsor Information – to be completed by employer or sponsor

Candidate Application Submitted by: _____
Company

Point of Contact: _____
Name Title

Phone: _____ Email: _____

Person responsible for payment: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Candidate Information – to be completed by candidate

Candidate Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Alt. Phone: _____

Date of Birth: _____ Male: _____ Female: _____

Please circle one: Co-op Intern Recent College Graduate

Email address(required): _____

Hometown: _____ College Attending: _____

Present Employer: _____

Type of Business: _____

Briefly describe your job responsibilities:

Education (including high school, colleges, advanced degrees, specialized training):

School/Training

Degree/Major

Dates Attended

List community involvement including school, civic, religious, political, governmental, social, athletic and other areas of involvement during the last five years.

Candidate Commitment:

I understand that if selected I will devote the time and resources necessary to complete the Bridges program and if I fail to complete the program my employer/sponsor will not be entitled to a refund of tuition paid. I will not be allowed to assign a substitute in the case of my failure to attend. I understand the above commitments and agree by signing this application to be bound by them.

Candidate Signature: _____
Date

Employer Commitment:

This candidate has the approval and support of this organization, which includes the time required to participate in the program and the payment of \$100 tuition upon selection to the program. A \$25 cancellation fee will be assessed for cancellations received less than 1 week prior to the first class date. Tuition is non-refundable for failure to attend or complete the program. Substitutions are not permitted.

Employer Signature: _____ Date

Title: _____

Business Name: _____

Completed candidate application should be faxed or emailed to Amanda Bishop at 256-535-2015 or abishop@hsvchamber.org.

Presenting Sponsor



Supporting Sponsors



Food Sponsors

