Jackson WLA Application

Thank you for your interest in applying to participate in the Jackson Workforce Leadership Academy. Please refer to the Participant Overview

(<u>https://storage.googleapis.com/proudcity/jacksonms/uploads/2020/01/overviewaspen.pdf</u>) for additional background and details about the Academy.

The Jackson Workforce Leadership application deadline is February 7, 2020 at 5:00 pm CT. The materials for submission include:

- 1. A completed application submitted online
- 2. Your resume (emailed to <u>jackson.mswla@gmail.com</u>) and/or a link to your LinkedIn page (submitted directly in the application)
- 3. An organizational chart (emailed to <u>jackson.mswla@gmail.com</u>). The chart should show your supervisors as well as staff reporting to you.
- 4. A letter of reference (emailed to <u>jackson.mswla@gmail.com</u>) from either an individual who has direct responsibility for overseeing your work or from an external partner whom you work with directly. The letter should include the referee's relationship to you, a description of your strengths and achievements, and comments on how you might benefit from and contribute to the Academy.
- 5. Commitment to Participate Form (https://www.jacksonms.gov/aspeninstitute/commitmentform) signed by you and your supervisor, and emailed to jackson.mswla@gmail.com.

For all documents submitted via email, please use your first and last name in the subject line of the email, and please use your first and last name in the titles of the files that you attach.

Tips for completing the online application:

View the application PDF here https://www.jacksonms.gov/AspenInstitute before beginning your application.

Draft your responses in a separate document and paste them into the application to avoid losing your work

Save your work by clicking "submit". You will receive a copy of your application and be able to edit your work until the deadline on February 7, 2020.

If you have any questions about the Jackson WLA, your eligibility to apply, or the application process, please contact:

Dee Wallace Facilitator, Jackson WLA

or

Jessica Nelson Mobility Innovation Team Lead for America Hometown Fellow Office of the Chief Administrator, City of Jackson (713) 858-1449

Nafeesa Edges Mobility Innovation Team Lead for America Hometown Fellow Office of the Chief Administrator, City of Jackson (202) 304-4362

If you experience any technical difficulties, please contact:

Tony Mastria
Digital Communications Associate, Economic Opportunities Program

The Aspen Institute tony.mastria@aspeninst.org

We are grateful to The Aspen Institute Economic Opportunities Program and W. K. Kellogg for supporting this work.

	equired	
1.	Email address *	
ķ	plicant Information	
2.	First Name *	
3.	Last Name *	
4.	Job Title *	
5.	Organization *	
6.	City *	
7.	State *	
8.	Phone *	

Organization Information

Mark only one oval.
Community-based organization
Faith-based organization
Community or technical college
Four-year college or university
Economic development agency
Local government (city/county)
State government
Philanthropic organization or funders' collaborative
Industry intermediary or sector partnership
Professional, business, or industry association
Labor union or labor-management partnership
Other:
Mark only one oval. Yes No 12. Do you staff a Workforce Development Board? * Mark only one oval. Yes No 13. How many staff members does your organization employ? *
Mark only one oval.
1-10
11-25
26-50
51-75
76-100
101-200
Over 200
14. How many staff members do you supervise? *

Program/Initiative Information

popi	u provide or fund direct services through your work, please indicate up to three ulations you primarily serve. * ck all that apply.
	Incumbent workers
	Unemployed
	Underemployed
	Single parents
	Individuals who are homeless or at-risk of homelessness
	Displaced workers
	Persons with disabilities
	Youth and young adults (ages 16-24)
	Individuals with a criminal or juvenile justice background
	Men and/or boys of color
	Women
	Veterans or Active Duty Military/Reserves/National Guard
	Individuals with low basic skills
	English as a Second Language (ESL) or English Language Learners (ELL)
	Immigrants/Refugees
	Not applicable
	Other:
If so	rou provide or fund direct services through your work? * , please check all that apply. ck all that apply.
	Literacy & Basic Skills
	English as a Second Language (ESL)
	Financial education or coaching
	Job readiness (resume preparation, interviewing, and job search assistance)
	Case management
	Technical/Occupational skills training
	Integrated math, literacy, ESL or work readiness as a part of vocational/technical skills training
	Internships, apprenticeships, or on-the-job training
	Incumbent worker training
	Supervisory/management training
	Provide contract services or capacity-building opportunities to Disadvantaged Business
Ente	rprises
	Not applicable
	Other:

17. Does your work include a focus on a specific sector or sectors? If so, please check all that apply. Check all that apply.
Biotechnology/Life sciences
Building services/Facilities maintenance
Child development/Child care
Cleaning services
Construction
Energy/Utilities
Food production
Healthcare
Hospitality and tourism
Information technology
Landscaping/Groundskeeping
Office/Business services
Manufacturing
Pharmacy
Retail
Restaurant/Food service
Transportation/Warehousing
Not applicable
Other:

Program/Initiative Information

Please s	ways do businesses engage with your organization or program/initiative? * select all that apply. Il that apply.
Hir	re graduates
Pa	rticipate in hiring events, job fairs, and/or mock interviews
Off	fer site tours for staff and/or participants
As	sist with and/or provide input on curriculum
Se	rve on industry advisory or programmatic boards
Pro	ovide training instructors
Pro	ovide job shadowing, mentoring, or internship opportunities
Off	fer apprenticeships
Pro	ovide materials, equipment, meeting space or other in-kind resources
Ma	ke financial donations
Pa	y fees for services
Pro	ovide paid time-off or training wages for employees to attend training
Pro	ovide on-the-job training for new hires and/or incumbent workers
Re	fer incumbent workers to training
Off	fer tuition reimbursement or other benefits to facilitate training and education
Co	nvene or help convene other business leaders
Pa	rtner on public policy advocacy
No	t applicable
Otl	ner:
the stab	engaged in any of the following job quality strategies that are focused on improving pility of low-wage jobs and improving worker access to advancement opportunities? * select all that apply. If that apply.
Pro	oviding feedback to businesses about workers' experiences in their job
Su	pporting development of policies and practices that ensure sufficient hours
Schedule	orking with businesses to develop policies and practices that ensure predictable work
	pporting development of policies and practices that create opportunities for increased wages ess to benefits
Wo advance	orking with businesses to redesign jobs to more fully utilize workers' skills, especially tied to ement
	sisting businesses with development of an employee satisfaction survey or other employee k mechanism
Pro environn	oviding learning and development opportunities for management to build a positive, trusting nent
☐ We	e are not engaged in any job quality strategies
Otl	her:

Professional Background

20.	Please tell us about your current role and responsibilities. In your response, please include how your role is focused on improving opportunity and equity for low-income people. * (200 words max.)
21	Please state why you entered and are engaged in the workforce development field. Be sure to
	address what roles you have had in the past and what your future aspirations are. * (200 words max.)
22.	Please provide your working definition for equity and inclusion How does this definition impact your professional work? *
	(200 words max.)
	rsonal Leadership and Goals
23.	What goals do you have for participating in the Hudson County Workforce Leadership Academy? In your response, please include your personal goals, goals for your organization or program/initiative, and goals for the Hudson County workforce system. * (200 words max.)

	How would you describe yourself as a leader, and in what ways would you like to develop and grow your leadership skills? * (200 words max.)
foo	rtnerships and Collaboration cus on partnerships and collaboration is central to the design of the Hudson County Workforce lership Academy.
	Please provide an example of a current partnership with another organization you are working with. In your response, please share the goals of the partnership, your role, and what has been rewarding and/or challenging. *
	(200 words max.)
е	mographic Information
6.	Which describe your race/ethnicity? *
	Check all that apply. Check all that apply.
	African American/Black
	Caucasian/White Latinx
	Asian
	Native American
	Prefer to self-describe
	Decline to state
	If you chose "Prefer to self-describe," please
	use this space to respond.

28. Which gender identity do you identify with? * Check all that apply. Check all that apply.
Male Male
Female
Non-binary
Prefer to self-describe
29. If you chose "Prefer to self-describe," please use this space to respond.
30. Do you identify as transgender or gender non-conforming? * Mark only one oval.
Yes
No
31. What is the highest degree or level of school that you have completed? If you are currently enrolled, please select the previous grade or highest degree received. * Mark only one oval.
Some high school
High school diploma or G.E.D.
Some college credits
Associate's degree
Bachelor's degree
Some graduate coursework
Master's degree
Doctorate
Other:
Additional Documentation
32. A link to your LinkedIn public profile or a copy of your resume is required for this application. Please choose one of the following options: * Mark only one oval.
I will include a link to my LinkedIn public profile. Skip to question 32.
I will upload my resume.
Additional Documentation
33. Please include a link to your LinkedIn public profile. *

Confirm and Submit

Your responses have not yet been submitted. If you wish to complete or revise your application later, you may exit now. Be sure to return to the survey using the same device and browser. We recommend you bookmark this page. To review or revise your responses to previous questions, click the "BACK" button at the bottom of this page.

If you are ready to submit your application, please complete this page and click the "SUBMIT" button.

34.	I confirm that all my responses are accurate and complete. * Mark only one oval.
	Yes
	No
25	Please type your full name. This will serve as
3 0.	Please type your full name. This will serve as your electronic signature. *
	•• •

A copy of your responses will be emailed to the address you provided

