



APPLICATION FOR APPOINTMENT

PART I – Personal Information			
Applicant Name (Last, First, and Middle Initial)	Home Telephone	E-Mail Address	
Mailing Address	City	State	Zip
Residence Address (if different from mailing address)	City	State	Zip
Name of Business, Agency, or Tribe	Occupation/Title		
Business Address	City	State	Zip
Business Phone	Business Fax		

Please provide three references (name, address, phone # and e-mail)

1.
2.
3.

Please indicate which industry you represent

PRIVATE INDUSTRY (please specify which sector you represent)

- | | |
|-------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Diversified Health Care | <input type="checkbox"/> Specialty Food, Flowers, and Beverages |
| <input type="checkbox"/> Building and Systems Construction | <input type="checkbox"/> Investment Support Services |
| <input type="checkbox"/> Management and Innovation Services | <input type="checkbox"/> Niche Manufacturing |
| <input type="checkbox"/> Forest Products | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Other: | |

PUBLIC INDUSTRY (please specify which sector you represent)

- | | |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Wagner-Peyser Act | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Board of Supervisors Representative | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Assembly/State Representative | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Education (specify) | <input type="checkbox"/> College of the Redwoods |
| <input type="checkbox"/> Adult | <input type="checkbox"/> K-12 |
| <input type="checkbox"/> Community Based Organization (specify) | |
| <input type="checkbox"/> Native American Employment Development | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Employ People with Barriers | <input type="checkbox"/> Youth Employment, Training, or Education |
| <input type="checkbox"/> Train People with Barriers | <input type="checkbox"/> Federally Fund Programs/Services for Low-Income Residents |

PART II – Guidelines

The following guidelines have been developed to assist the Board of Supervisors in the process of recruiting and appointing new Workforce Development Board members.

To become a member of the Workforce Development Board, you must:

1. Represent the sector for which you are applying (be an owner of a business, a chief executive/operating officer of a business or agency, or other business executive or employer with optimum policy-making or hiring authority).
2. Be formally nominated by an open-membership business organization (i.e., a chamber of commerce or a professional or business organization such as Kiwanis or Rotary), a business trade association, or an agency board of directors. **Your nomination must be secured prior to submitting this application by completing Part III below.**
3. Forward the completed application to:

Workforce Development Board
 520 E Street
 Eureka, CA 95501
 Attn: Cindy Harrington, WDB Executive Director
charrington@co.humboldt.ca.us

Applicants selected for employment will be required to file Form 700, Statement of Economic Interest.

For questions or additional information, please call (707)445-7745
or visit our website @ <http://humboldt.gov/1709/Workforce-Development-Board>

PART III – Nomination

PLEASE NOTE: Applicant must secure the nomination and signature of an appropriate Agency, Organization, or Association as described in Part II - #3 above, prior to submitting the application to the Workforce Development Board.

(Agency/Organization/Association Name)

hereby formally nominates

(Applicant's Name)

for appointment to the Workforce Investment Board of Humboldt County

Signature of Chair/Director/Chief of Nominating Agency

Date

PART IV – Applicant Certification and Signature

I hereby certify all answers and statements are true and complete to the best of my knowledge. I understand the County may verify information and that untruthful or misleading answers are cause for rejection of this application.

Signature of Applicant

Date

FOR OFFICE USE ONLY:

Date Rec'd:

Staff:

Submittal Date: