



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

PUBLIC INDUSTRY (please specify which sector you represent)

- |   |  |
|---|--|
| <input type="checkbox"/> Wagner-Peyser Act<br><input type="checkbox"/> Board of Supervisors Representative<br><input type="checkbox"/> Assembly/State Representative<br><input type="checkbox"/> Education (specify)<br><input type="checkbox"/> Adult <input type="checkbox"/> K-12<br><br><input type="checkbox"/> Community Based Organization (specify)<br><input type="checkbox"/> Native American Employment Development<br><input type="checkbox"/> Employ People with Barriers<br><input type="checkbox"/> Train People with Barriers | <input type="checkbox"/> Economic Development<br><input type="checkbox"/> Vocational Rehabilitation<br><input type="checkbox"/> Labor Organization<br><br><input type="checkbox"/> College of the Redwoods<br><br><input type="checkbox"/> Child Care<br><input type="checkbox"/> Youth Employment, Training, or Education<br><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. **Private Sector** seats require a formal nomination 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. **Labor Union** seats require a formal nomination from a local labor federation. All other seats require no formal nomination. ***Your nomination must be secured prior to submitting this application by completing Part III below.***
3. Forward the completed application and a copy of applicants resume to:

Workforce Development Board  
 520 E Street  
 Eureka, CA 95501  
 Attn: Cara Owings, WDB Executive Director  
[cowings@co.humboldt.ca.us](mailto:cowings@co.humboldt.ca.us)

***Applicants selected for appointment 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: Private Sector and Labor Union applications must secure the nomination and signature as described in Part II - #2 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 Development 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: