

APPLICANT QUESTIONNAIRE

1.	Meetings of the Workforce Development Board shall be called and held pursuant to the provisions of the Ralph M. Brown Act.				
	Have you ever been participated on a board or committee that adheres to the Brown Act?				
	Yes No If yes, which one?				
2.	Appointment to the Humboldt County Workforce Development Board is a commitment for a two-year				
	term starting the date of appointment by the Board of Supervisors through June 30 th of the following fiscal year. If appointed to the Workforce Development Board, you are expected to attend meetings				
	quarterly. Each meeting of the full Workforce Development Board is approximately three hours long.				
	If appointed to the Workforce Development Board, do you agree to attend these meetings?				
	Yes.X_ No				
3.	Upon appointment to the board, you will be provided with a copy of the current Workforce				
	Development Board bylaws.				
	Do you agree to review and adhere to the Workforce Development Board bylaws? Yes X No				
4.	Attendance expectations are outlined in the bylaws. Members of the board must not miss more than				
12.65	three consecutive meetings unless excused and no more than <u>five</u> consecutive meetings, whether				
	excused or unexcused, to maintain your seat on the board. Attendance is tracked, reviewed and				
	recorded in the minutes for each meeting. Failure to adhere to the attendance guidelines may result in				
	termination from the Board. If you expect to be absent from a meeting that you must notify the Chair				
	of the Board and/or the Executive Director of the intended absence by no later than 5:00PM the day				
	prior to the scheduled meeting, to be considered excused.				
	Do you agree to properly notify staff if you are unable to attend a scheduled meeting? Yes X No				
	Do you understand the attendance expectations for this Board? Yes X No				
5.	5. Applicants selected for appointment will be required to submit a Form 700: Statement of Economic Interest, annually				
	Do you agree to file the Form 700 annually and disclose any conflict of interest? Yes X No				
	For more information on the Form 700 please go to: www.fppc.ca.gov/Form700.html				
	To more information on the Form 700 please go to. www.fppc.ca.gov/Form/00.ntml				
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	FFICE USE ONLY: sec'd: Staff: Submittal Date:				
	Starr. Starr. Submitted Date.				



APPLICATION FOR APPOINTMENT

PART I – Personal Information							
Applicant Name (Las	t, First, and Middle Initial)	Home Telephone	E-Mail Addres				
Freitas G	ody. D		Cfreitas	@0e			
Mailing Address	3/	City		State	Zip		
		Eureka		Ct	95501		
Residence Address (if different from mailing address)	City		State	Zip		
		Mctinleguille Occupation/Title		CA	95519		
Name of Business, A	gency, or Tribe	Occupation/Title	100		W.		
Operating E	Engineers Local #3	Business A	gent				
Business Address		City	*	State	Zip		
1330 Bau	John Way Ste. 103	Eurekq	i	CA	95501		
		Business Fax					
1 (707)	601-4711				2		
Please provide three references (name, phone # and e-mail)							
1. Jeff Hun	erlach,						
2. Mark Plu	bell				E E		
3. Ryan Wahl							
Please indicate v	which industry you represent.						
PRIVATE IND	USTRY (please specify which sector you represent)						
□ Di	versified Health Care	Specialty F	ood, Flowers	, and Bev	/erages		
	uilding and Systems Construction		t Support Sei		2		
	anagement and Innovation Services	Niche Man	ufacturing				
	rest Products	Tourism					
Ot	her:						
PUBLIC INDUSTRY (please specify which sector you represent)							
□ w	agner-Peyser	☐ Public Eco	nomic Devel	opment	Agency		
	pard of Supervisors Representative		l Rehabilitat		,		
	ssembly/State Representative	☐ Labor Uni					
	ducation (specify)						
	Adult K-12	Higher Educa	ation				
	ommunity Based Organization (specify)						
	Native American employment development	Childcare					
	Address Barriers to Employment	Youth em	ployment, tr	aining, o	r education		
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PART II - Guidelines

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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:

- 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 to:

Workforce Development Board 825 5th Street Eureka, CA 95501

Attn: Scott Adair, Economic Development Director

sadair@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://gohumco.org/216/Humboldt-County-Workforce-Development-Bo

PLEASE NOTE: P	<u>rivate Sector</u> and <u>Labor Union</u> applications must secure the nomination and signature as described in
Part II - #2 above	e, prior to submitting the application to the Workforce Development Board.

Humboldt & Del Norte Central Labor Central (Agency/Organization/Association Name)

hereby formally nominates

Cody Freitas (Applicant's Name)

for appointment to the Workforce Development Board of Humboldt County

Signature of Chair/Director/Chief of Nominating Agency

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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.

3/11/2024

Signature of Applicant

Date

FOR OFFICE USE ONLY:		
Date Rec'd:	Staff:	Submittal Date: