



APPLICATION FOR APPOINTMENT

PART I – Personal Information			
Applicant Name (Last, First, and Middle Initial) Megan Bonham	Home Telephone [REDACTED]	E-Mail Address [REDACTED]	
Mailing Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Residence Address (if different from mailing address)	City	State	Zip
Name of Business, Agency, or Tribe IBM (Providence St. Joseph Health)	Occupation/Title Talent Acquisition Manager		
Business Address	City	State	Zip
Business Phone	Business Fax		

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

1.Susan Burke, [REDACTED]
2.Mark Provan, [REDACTED]
3.Cori Cooper, [REDACTED]

Please indicate which industry you represent

PRIVATE INDUSTRY (please specify which sector you represent)

- | | |
|---|---|
| <input checked="" 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. **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
520 E 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>

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.

Providence St. Joseph Health
(Agency/Organization/Association Name)

hereby formally nominates

Megan Bonham
(Applicant's Name)

for appointment to the Workforce Development Board of Humboldt County

Kathryn Wade

Signature of Chair/Director/Chief of Nominating Agency

5/3/21

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.

Megan C. Bonham

Signature of Applicant

5/3/2021

Date

FOR OFFICE USE ONLY:

Date Rec'd: 5/3/2021

Staff: Allison T.

Submittal Date: Full-5/14/2021