



## APPLICANT QUESTIONNAIRE

- 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? \_\_\_\_\_

- 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<sup>th</sup> 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  No \_\_\_\_\_

- 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  No \_\_\_\_\_**

- Attendance expectations are outlined in the bylaws. Members of the board must not miss more than three consecutive meetings unless excused and no more than five 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  No \_\_\_\_\_**

**Do you understand the attendance expectations for this Board? Yes  No \_\_\_\_\_**

- 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  No \_\_\_\_\_**

For more information on the Form 700 please go to: [www.fppc.ca.gov/Form700.html](http://www.fppc.ca.gov/Form700.html)

**FOR OFFICE USE ONLY:**

Date Rec'd:

Staff:

Submittal Date:



## APPLICATION FOR APPOINTMENT

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

1. — SEE REVERSE  
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 checked="" 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"/> Child Care  |
| <input type="checkbox"/> Native American Employment Development | <input type="checkbox"/> Youth Employment, Training, or Education                  |
| <input type="checkbox"/> Employ People with Barriers            | <input type="checkbox"/> Federally Fund Programs/Services for Low-Income Residents |
| <input type="checkbox"/> Train People with Barriers             |  |

## 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  
825 5<sup>th</sup> Street  
Eureka, CA 95501  
Attn: Scott Adair, Economic Development Director  
[sadair@co.humboldt.ca.us](mailto: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.**

THE BUILDING AND CONSTRUCTION TRADES OF HUMBOLDT WORKFORCE  
(Agency/Organization/Association Name)

hereby formally nominates

JARED Mumum

(Applicant's Name)

for appointment to the Workforce Development Board of Humboldt County

Clyde Fitch

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.**

Jared Mumum

Signature of Applicant

8-27-25

Date

**FOR OFFICE USE ONLY:**

Date Rec'd:

Staff:

Submittal Date: