

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: Allison Tans, WDB Executive Director
altans@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.

Humboldt Independent Practice Association
 (Agency/Organization/Association Name)

hereby formally nominates

Rosemary Den Ouden
 (Applicant's Name)

for appointment to the Workforce Development Board of Humboldt County

[Signature]
 Signature of Chair/Director/Chief of Nominating Agency

9/26/19
 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]
 Signature of Applicant

9/26/19
 Date

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