



## APPLICATION FOR APPOINTMENT

PART I – Personal Information			
Applicant Name (Last, First, and Middle Initial) <i>Skoglund, Karling, R</i>	Home Telephone [REDACTED]	E-Mail Address <i>kskoglund@hcoe.org</i>	
Mailing Address <i>901 Myrtle Ave</i>	City <i>Eureka</i>	State <i>CA</i>	Zip <i>95501</i>
Residence Address (if different from mailing address) [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Name of Business, Agency, or Tribe <i>Humboldt County Office of Education</i>	Occupation/Title <i>Program Manager Career &amp; College</i>		
Business Address <i>901 Myrtle Ave</i>	City <i>Eureka</i>	State <i>CA</i>	Zip <i>95501</i>
Business Phone <i>7074414555</i>	Business Fax		

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

- |  |
|--|
| 1. Susi Huschle- 707-601-4307 <a href="mailto:pammytamisusi@gmail.com">pammytamisusi@gmail.com</a> |
| 2. Colby Smart <a href="mailto:csmart@hcoe.org">csmart@hcoe.org</a>                                |
| 3. Jim Ritter <a href="mailto:jritter@hcoe.org">jritter@hcoe.org</a>                               |

**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 checked="" type="checkbox"/> Education (specify)<br><input type="checkbox"/> Adult <input checked="" 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"/> Higher Education<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, Adult Education, Higher Education 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 County Office of Education- Career and College Resources

\_\_\_\_\_  
 (Agency/Organization/Association/Institution Name) hereby formally

nominates;

Karling Skoglund

(Applicant's Name)

for appointment to the Workforce Development Board of Humboldt County

Colby Smart

Signature of Chair/Director/Chief of Nominating Agency

6/23/2020

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.*

Karling Skoglund

Signature of Applicant

6/23/20

Date

**FOR OFFICE USE ONLY:**

Date Rec'd:

Staff:

Submittal Date: