



APPLICATION FOR APPOINTMENT

PART I – Personal Information			
Applicant Name (Last, First, and Middle Initial) Budwig, Jennifer P	Home Telephone [REDACTED]	E-Mail Address Jbudwig@rdwo.com	
Mailing Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Residence Address (if different from mailing address) [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Name of Business, Agency, or Tribe Redwood Capital Bank	Occupation/Title Banker-Chief Lending Officer		
Business Address 402 G St.	City Eureka	State CA	Zip 95501
Business Phone 444-9817	Business Fax 444-9846		

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

1. John Dalby	[REDACTED]
2. Donna Wright	[REDACTED]
3. Leila Roberts	[REDACTED]

Please indicate which industry you represent

PRIVATE INDUSTRY (please specify which sector you represent)

- | | |
|--|---|
| <input type="checkbox"/> Diversified Health Care
<input type="checkbox"/> Building and Systems Construction
<input type="checkbox"/> Management and Innovation Services
<input type="checkbox"/> Forest Products
<input checked="" type="checkbox"/> Other: Financial services | <input type="checkbox"/> Specialty Food, Flowers, and Beverages
<input type="checkbox"/> Investment Support Services
<input type="checkbox"/> Niche Manufacturing
<input type="checkbox"/> Tourism |
|--|---|

PUBLIC INDUSTRY (please specify which sector you represent)

- | | |
|---|--|
| <input type="checkbox"/> Wagner-Peyser Act
<input type="checkbox"/> Board of Supervisors Representative
<input type="checkbox"/> Assembly/State Representative
<input type="checkbox"/> Education (specify)
<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"/> Employ People with Barriers
<input type="checkbox"/> Train People with Barriers | <input type="checkbox"/> Economic Development
<input type="checkbox"/> Vocational Rehabilitation
<input type="checkbox"/> Labor Organization

<input type="checkbox"/> College of the Redwoods

<input type="checkbox"/> Child Care
<input type="checkbox"/> Youth Employment, Training, or Education
<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

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.

Greater Eureka Chamber of Commerce

(Agency/Organization/Association Name)

hereby formally nominates

Jennifer Budwig

(Applicant's Name)

for appointment to the Workforce Development Board of Humboldt County

Signature of Chair/Director/Chief of Nominating Agency

04/17/2020

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.

Signature of Applicant

4/20/20

Date

FOR OFFICE USE ONLY:

Date Rec'd:

Staff:

Submittal Date: