



APPLICANT QUESTIONNAIRE

1. 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? _____

2. 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 30th 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 ___

3. 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 ___

4. 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 ___

5. 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

FOR OFFICE USE ONLY:

Date Rec'd:

Staff:

Submittal Date:



APPLICATION FOR APPOINTMENT

PART I – Personal Information			
Applicant Name (Last, First, and Middle Initial) Chris Albright	Home Telephone 707-407-6193	E-Mail Address calbright@omindustries.com	
Mailing Address [REDACTED]	City Arcata	State ca	Zip 95521
Residence Address (if different from mailing address) 454 Shirley Blvd	City arcata	State ca	Zip 95521
Name of Business, Agency, or Tribe O&M Industries	Occupation/Title COO		
Business Address 5901 Ericson way	City Arcata	State CA	Zip 95521
Business Phone 707-822-8800	Business Fax 707-822-8995		

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

1.	Chris Gaines, [REDACTED]
2.	Kerry Mayer, [REDACTED]
3.	Jay Reed; [REDACTED]

Please indicate which industry you represent

PRIVATE INDUSTRY (please specify which sector you represent)

- | | |
|---|---|
| <input type="checkbox"/> Diversified Health Care
<input checked="" type="checkbox"/> Building and Systems Construction
<input type="checkbox"/> Management and Innovation Services
<input type="checkbox"/> Forest Products
<input type="checkbox"/> Other: | <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 to:

Workforce Development Board
 825 5th 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.

_____ Humboldt Builders Exchange _____
 (Agency/Organization/Association Name)

hereby formally nominates

_____ Chris Albright _____
 (Applicant's Name)

for appointment to the Workforce Development Board of Humboldt County



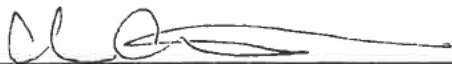
Signature of Chair/Director/Chief of Nominating Agency

10-17-2023

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

10-16-2023

Date

FOR OFFICE USE ONLY:

Date Rec'd:

Staff:

Submittal Date: