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# OCT 1 I 2018

### **ECONOMIC DEVELOPMENT**

# **APPLICATION FOR APPOINTMENT**

PART I - Pe	rsonal Information	Company of the second of the s						
Applicant Name (Last, First, and Middle Initial)			Home Tel	ephone	E-Mail Addre	SS		
Deniston, Vivian E								
Mailing Address	-		City		L	Chaha	7:-	
Mailing Address			City		State	Zip		
Residence Address (if different from mailing address)			City	······································	***************************************	State	Zip	
	· · · · · · · · · · · · · · · · · · ·			<b></b>				
Name of Business, Agency, or Tribe			Occupation/Title					
SEUI2015			Regional Vice President					
Business Addre	SS		City	7		State	Zip	
314 L St			Eureka			CA	95501	
			33301					
Business Phone			Business Fax					
(707) 225-0126								
			l				***************************************	
Please provide three references (name, address, phone # and e-mail)								
1.Laphonza B				·				
2.Cindie Fons						( <del>)</del>		
3.Kim Evon					2			
Please indica	te which industry you represent							
DDDD/ATE:	NDUSTRY (places are alfordal alternative							
PRIVATE INDUSTRY (please specify which sector you represent)								
	Diversified Health Care		Specialty Food, Flowers, and Beverages Investment Support Services					
	<b>Building and Systems Construction</b>							
П	Management and Innovation Service	ces	***************************************	Niche Man				
	Forest Products			Tourism				
H	Other:							
_								
PUBLIC IN	DUSTRY (please specify which sector	r you represent)						
	Wagner-Peyser Act			Economic	Davalanma	nt.		
H	Board of Supervisors Representativ	Δ.	H		Developmei I Rehabilitat			
H	Assembly/State Representative	C	$\bowtie$			IOH		
님	Education (specify)			Labor Org	anization			
	Adult	□ v 12			- Dadwards			
	Addit	K-12		ollege of th	e Redwoods			
	Community Based Organization (sp	ecify)						
لــا				Child Care	<b>5</b>			
	Native American Employment Development Employ People with Barriers				Youth Employment, Training, or Education			
	Train People with Barriers		님					
	Trailit copie with barriers			Income R	and the second of the second	ms/serv	ices for Low-	

#### PART II - Guidelines

The following quidelines 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://humboldtgov.org/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.							
Central Larbor Council							
(Agency/Organization/Association Name)							
(Agency) organization, Association varie,							
hereby formally nominates							
Hereby formally frommaces							
Vivian Deniston							
(Applicant's Name)							
for appointment to the Workforce Development Board of Humboldt County							
pa du	10-9-18						
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.							
Vman Deinster	10/09/18						
Signature of Applicant	/ Daté						

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