



OCT - 8 2019 ECONOMIC DEVELOPMENT

## APPLICATION FOR APPOINTMENT

PART I - I	Personal Information							
Applicant Na	me (Last, First, and Middle Initial)		Homo	Telephone				
Dalton, Jes	Palton, Jessica F		Tiome	relephone	E-Mail Addr	ess		
Mailing Add								
Mailing Address			City	City			Zip	
Residence Address (if different from mailing address)			-					
	( addiess)		City			State	Zip	
Name of Business, Agency, or Tribe			Occup	ation/Title				
St. Joseph Health			Sr. Recruiter & Talent Sourcer					
Business Add			City			State	1 = .	
2700 Dolbeer Street				Eureka			<b>Zip</b> 95501	
Business Phone (707) 499-5623			Business Fax					
(707) 433-3	023							
Please prov	ride three references (name, addres	o whom H						
1. Michele I	Rieke,	s, phone # and e-m	ail)					
2. Carolyn L								
3. Naomi Jo	hnson,		-					
Please indic	ate which industry you represent							
	INDUSTRY (please specify which sec	ctor you represent)						
х	Diversified Health Care	,		Mazos was toler hawn				
	Building and Systems Construction	า		Specialty Food, Flowers, and Beverages Investment Support Services		erages		
	Management and Innovation Serv	ices		Niche Man	i Support Ser Ufacturing	vices		
	Forest Products			Tourism	uracturing			
	Other:							
∃PUBLIC IN	DUSTRY (please specify which sector	Or Vou represent)						
	Wagner-Peyser Act	, and a specific	_					
	Board of Supervisors Representati	VO			Developmen			
	Assembly/State Representative Education (specify)				l Rehabilitatio	on		
				Labor Orga	anızation			
	☐ Adult	☐ K-12	□с	☐ College of the Redwoods				
	Community Based Organization (sp	aggifu)		5				
	(S)	Jecny)						

	Native American Employment Development		Child Care						
	<b>Employ People with Barriers</b>		Youth Employment, Training, or Education						
	Train People with Barriers		Federally Fund Programs/Services for						
D. D			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:									
<ol> <li>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).</li> </ol>									
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: 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, p	lease c	all (707)445-7745						
or	visit our website @ <a href="http://humboldtgov.org/170">http://humboldtgov.org/170</a>	9/Wor	kforce-Development-Board						
PART III - Nomina	ation								
PLEASE NOTE: <u>Priv</u> Part II - #2 above, <u>p</u>	PLEASE NOTE: <u>Private Sector</u> and <u>Labor Union</u> applications must secure the nomination and signature as described in Part II - #2 above, <u>prior</u> to submitting the application to the Workforce Development Board.								
	St. Joseph 1								
(Agency/Organization/Association Name)									
	( 5-11-17 - Burneation) Assuch	ACIOII IV	unic <sub>j</sub>						
hereby formally nominates									
Jessica Dalton									
(Applicant's Name)									
for appointment to the Workforce Development Board of Humboldt County									
2 1 1									
Signature of Chair/Director/Chief of Nominating Agency									
THE RESERVE OF THE PARTY OF THE	nt Certification and Signature		Date						
дриса	ne certification and Signature								