

APPLICATION FOR APPOINTMENT

PARLI- PEL	sonal information			rata di Kala				
Applicant Name (Last, First, and Middle Initial)			Home Telephone E-Mail Address					
Den Ouden, Rosemary F								
Mailing Address			City			State	Zip	
<u> </u>								
Residence Addre	ess (if different from mailing address)		City			State	Zip	
							<u> </u>	
Name of Business, Agency, or Tribe			Occupation/Title					
Humboldt IPA	· ·		CEO					
Business Addres			City			Chada	71	
2662 Harris S			Eureka	City State Zip			·	
2002 Harris St.			Eureka CA 95503			95503		
Business Phone			Business	Fax			l. ,	
707-443-4563			707-443-2627					
707 445 4505	,		707-443-2027					
		<u> </u>	L ,				······································	
Please provid	le three references (name, address,	phone # and e-ma	ail)					
1.Martin Love								
		· -		·	-			
2.Amy Jester								
3.Trisha Cook	e , , , , , , , , , , , , , , , , , , ,					<u></u>		
Places indica	te which industry you represent							
ricase illuica	te which muustry you represent							
PRIVATE I	NDUSTRY (please specify which sect	or you represent)						
<u>V. V</u> . V. II. II. I		, ,	,					
\boxtimes	Diversified Health Care			Specialty F	ood, Flowers	, and Be	verages	
	Building and Systems Construction			Investmen	t Support Sei	vices	•	
	Management and Innovation Services			Niche Manufacturing				
H	Forest Products			Tourism				
<u> </u>	Other:			Tourism				
Ш	oulei.							
PUBLIC IN	DUSTRY (please specify which secto	r vou represent)						
	positi (piedoc specity tittleti secto	, you rop, asche,						
	Wagner-Peyser Act			Economic	Developme	nt		
T T	Board of Supervisors Representative			Vocationa	al Rehabilitat	ion		
	Assembly/State Representative			Labor Organization				
	Education (specify)			20001 015	,amzation			
	Adult	◯ K-12		allaga af th	ne Redwoods			
	Addit	K-12	L	onege or tr	ie reawoods	•		
[]	Community Paged Organization (an	ocifu)						
	Community Based Organization (specify)							
	Native American Employment DevelopmentEmploy People with Barriers			Child Care Youth Employment, Training, or Education				
	Train People with Barriers			Federally	Fund Progra	ms/Serv	ices for Low-	
				Income R	esidents			

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 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

To questions of dualitional information, piecese can (707) 113 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 describe	d in					
Part II - #2 above, <u>prior</u> to submitting the application to the Workforce Development Board.						
Humbold+ Independent Practice Association (Agency/Organization/Association Name)	í					
hereby formally nominates						
Roseman Den Ouden (Applicant's Name)						
(Applicant's Name)						
for appointment to the Workforce Development Board of Humboldt County						
9/26/19						
Signature of Chair/Director/Chief of Nominating Agency						
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.						
126/19						
Signature of Applicant Date						
v						

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