

APPLICATION FOR APPOINTMENT

| PART I - Pe | rsonal Information | 414 | | Property of | LATE RUE | | |
|---|---|---------|--|--------------|----------|--------------------------|--|
| Applicant Name (Last, First, and Middle Initial) | | | Telephone E-Mail Address | | | | |
| Owen, Patrick J | | | powen@redwoo | | | | |
| Mailing Addres | | City | | | State | Zip | |
| 633 3rd Street | | | Eureka | | C 9550 | | |
| Residence Address (if different from mailing address) | | | City Sta | | | Zip | |
| | | | | | | | |
| Name of Busine | ess, Agency, or Tribe | Occupa | tion/Title | | | | |
| | ood Coast Energy Authority | Ma | nager, | HR & | Woı | kforce | |
| Business Addre | | City | | | State | Zip | |
| 633 3rd Street | | | Eureka | | | 95501 | |
| Business Phone | | Busines | | | | | |
| 707 269-1700 | | | 707 269-1777 | | | | |
| Please provi | de three references (name, address, phone # and e-m | ail) | | | | | |
| | arshall 633 3rd St, Eureka 707 269-1700, x 302, mmarshall@ | | enerav.ora | | | | |
| | orehead 633 3rd St, Eureka 707 269-1700, x 306, mmorehea | | | | | | |
| | on, 2100 J Street, Eureka, 707 441-2436, jacobsonl@eureka | | | | | | |
| PRIVATE INDUSTRY (please specify which sector you represent) Diversified Health Care Building and Systems Construction Management and Innovation Services Forest Products Other: Energy Sector | | | Specialty Food, Flowers, and Beverages Investment Support Services Niche Manufacturing Tourism | | | | |
| PUBLIC IN | IDUSTRY (please specify which sector you represent) | | | | | | |
| | Wagner-Peyser Act Board of Supervisors Representative Assembly/State Representative Education (specify) | | Economic E Vocational Labor Orga | Rehabilitati | | | |
| | Adult K-12 | Шн | ligher Educati | on | | | |
| | Community Based Organization (specify) Native American Employment Development Employ People with Barriers Train People with Barriers | | Child Care Youth Emp | und Prograr | | Education es for Low- | |

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://humboldtgov.org/1709/Workforce-Development-Board

| of visit our website & http://nambolatgov.org/1703/worklored bevelopment board | | | | | | | |
|--|---|--|--|--|--|--|--|
| PART III - Nomination | | | | | | | |
| PLEASE NOTE: Private Sector, Adult Education, Higher Education and Labor Union 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. | | | | | | | |
| | | | | | | | |
| (Agency/Organization/Association/Institution Name) hereby formally | | | | | | | |
| | | | | | | | |
| nominates; | | | | | | | |
| | | | | | | | |
| (Applicant's Name) | | | | | | | |
| (Applicant's Name) | | | | | | | |
| for appointment to the Workforce Development Board of Humboldt County | | | | | | | |
| , | | | | | | | |
| | | | | | | | |
| 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. | | | | | | | |
| 1/4/8 | | | | | | | |
| 11 V Clue / 6/17/20 | | | | | | | |
| Signature of Applicant Date | _ | | | | | | |
| | | | | | | | |

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