

APPLICATION FOR APPOINTMENT

	ersonal Information	and the second second					
Applicant Nam	ne (Last, First, and Middle Initial)		Home T	elephone	E-Mail Addre	SS	
PLU	BELL MARK.				Mark 6	2/00	e/16.05
Mailing Addre	55		City		-	State	Zip
Residence Add	ress (if different from mailing address)		City	***************************************		State	Zip
Name of Busin	ess, Agency, or Tribe		Occupat	ion/Title			
HEATE	FROST INSULITORS - L	OCAL 16			REPRE	SCUTII	TIVE
Business Addre	ess		City		****	State	Zip
3801	PARK RD.		BEN	PICLA		CA	94870
Business Phone	9		Business				
(707	7) 474-2630			07)7	48-1	620	
Please provi	de three references (name, address	s, phone # and e-ma	ait)				
1. CHRIS		MRK RD BEW		1 945	10/410/019.	KN C	IPUS @ level llus
2. B/CL /				1	916) 947 -	0636	Rich a looth
3. JONATI	MU BLAINE Y			1025)3	50 - 6747 is	na't han a	Billyelastly
•					<u> </u>	ne) hen (G	CICCALIO. C.J.
Please indica	ate which industry you represent						•
PRIVATE INDUSTRY (please specify which sector you represent)							
	Diversified Health Care		П	Coorielt . T-			
	Building and Systems Construction	1			od, Flowers,		erages
	Management and Innovation Serv	ices		Niche Manu	Support Serv	rices	
	Forest Products			Tourism	nacturing		
	Other:			Tourisin			
				,			
PUBLIC INDUSTRY (please specify which sector you represent)							
	Wagner-Peyser Act		 1	F • -			
	Board of Supervisors Representative	JA)evelopment		
	Assembly/State Representative	ve	H		Rehabilitatio	n .	
	Education (specify)			Labor Orga	nization		
	Adult	K-12	□Hiو	gher Educati	on		
	Community Based Organization (sp	pecify)					
 !	Native American Employmen			Child Care			
	Employ People with Barriers	- Development	H		oyment, Trai	ning or	Educati
	Train People with Barriers			Federally Fi	and Program	s/Service	es for Low
		Account		Income Res		J JCI VICE	J IOI LOW"

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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	e call (707)445-7745				
or visit our website @ http://humboldtgov.org/1709/W					
PART III – Nomination	The state of the s				
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 submitt	ing the application to the Workforce				
(Agency/Organization/Association/Institution Name	Humbold AND DEL NORTES hereby formally CounTIES				
nominates;					
MARK PUBELL					
(Applicant's Name)					
for appointment to the Workforce Development Board of Humboldt County					
Self Hurreslack	6/25/2020				
Signature of Chair/Director/Chief of Nominating Agency	Date				
PÁRT IV – Applicant Certification and Signature					
I hereby certify all answers and statements are true and complete to the bes	t of my knowledge. I understand the				
County may verify information and that untruthful or misleading answers are	e cause for rejection of this application.				
Mart flubell	6-11-2020				
Signature of Applicant	Date				

FOR OFFICE USE ONLY:		다. 아니라도 이 이 이 에 에 에 에 에 에 에 에 에 에 에 에 에 에 에 에
Date Rec'd:	Staff:	Submittal Date:
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