



SANTA CRUZ COUNTY
WORKFORCE
DEVELOPMENT

Application for Appointment

Workforce Development Board Santa Cruz County for Workforce Innovation and Opportunity Act

Instructions

If you are interested in serving on this Board, please complete the following application and supplement, and then return the original signed forms to the *Workforce Development Board of Santa Cruz County, 18 W. Beach St., Watsonville, CA 95076*. This application will be forwarded on your behalf to the Board of Supervisors for their consideration and final approval.

Thank you for your interest in County Government.

Name: _____

Address: _____

Phone: (Home) _____ (Business) _____ (Cell) _____

Fax: (Home) _____ (Business) _____

Email Address: _____

Job Title: _____

Organization Represented: _____

Supervisorial District: _____

Length of Residence in Area: _____

Previous Commission or Committee Served (Please specify)

Advisory Body

Term

Education

Institution

Major

Degree

Year

APPLICATION SUPPLEMENT

Workforce Development Board

Name: _____ Date: _____

Please provide the information requested below as it relates to the category of the Workforce Development Board (WDB) nomination you are seeking.

Workforce Development Board areas for nomination-Please check one box:

- 1 [] Business (Private Sector/Non-Governmental)
- 2 [] Employment Development Department (Wagner-Peyser)
- 3 [] Economic Development/Community Development
- 4 [] Vocational Rehabilitation
- 5 [] Organized Labor & Pre-Apprenticeship
- 6 [] Community Based Organization
- 7 [] Local Government or Appointed Representative
- 8 [] At-Large Member
- 9 [] Education: (Circle One)
 - Adult Education
 - Higher Education

If you checked box 1, please complete question 14. If you checked box 2-9, please go to question 15.

14. What is the name of your business?

- a. Are you the Chief Executive or Owner? Yes ___ No ___
- b. Are you the Chief Operating Officer? Yes ___ No ___
- c. Do you have substantial management or policy responsibility? Yes ___ No ___

(If you answered "NO" to a, b, and c, your application cannot be considered by the Board of Supervisors)

- d. Number of employees at the Santa Cruz County facility _____
- e. Is the business minority owned or operated? Yes ___ No ___
- f. Please check the box indicating which Chamber of Commerce is nominating you:

- [] Aptos
- [] San Lorenzo Valley
- [] Scotts Valley
- [] Capitola
- [] Santa Cruz
- [] Soquel

[] Pajaro Valley

15) What is the name of the organization which nominated you? This organization may also be your employer:

Work/Volunteer Experience

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>

Statement of Qualifications

Please attach the following:

- Your business card; and
- A brief statement indicating why you are interested in serving on the advisory body in question and why you are qualified for the appointment.

Certification

I certify that the information on this application and supplement is true and correct and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

Signature

Date

For Private Sector Representatives Only:

Single Slate Nominee of local Santa Cruz County General Business Organization

Nominating Organization

Authorizing Signature

Date