



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:

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**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