



Application for Appointment

Santa Cruz County Workforce Development Board

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 reviewed for compliance 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

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>

Work/Volunteer Experience

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

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 nomination category - 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

Name of Business/Organization:

- a. Are you the Chief Executive or Owner? Yes ___ No ___
- b. Are you the Chief Operating Officer? Yes ___ No ___
- c. Do you have optimum policy-making or hiring authority? [20 CFR 679.340] Yes ___ No ___

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

Business Information (Private Sector Applicants Only)

- a. Number of employees at the Santa Cruz County facility: _____
- b. Is the business minority owned or operated? Yes____ No____
- c. Please check the box indicating which Chamber of Commerce is recommending you:
- | | |
|---|--|
| <input type="checkbox"/> Aptos | <input type="checkbox"/> Capitola-Soquel |
| <input type="checkbox"/> San Lorenzo Valley | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Scotts Valley | <input type="checkbox"/> Pajaro Valley |
- d. WDB members must provide employment opportunities in in-demand industry sectors or occupations. Please indicate the industry sector(s) or occupation(s) in which you provide employment opportunities:
- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Education | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Other:_____ |

Letter of Recommendation

Please attach the following:

- If you are a private sector business applicant, please include a letter of recommendation from a Santa Cruz County based Chamber of Commerce.
- If you are representing a labor organization, please include a letter of recommendation from the Central Labor Council affirming that you have been recommended, by popular vote, for a labor position on the Santa Cruz County Workforce Development Board.

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

This WIOA Title I, financially assisted program or activity is an Equal Opportunity Employer and/or Program. Auxiliary Aids and Services are available upon request to individuals with disabilities, call (831) 454-4117