



**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:**

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- 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)

