

PART I - Pers	sonal Information			
Applicant Name	(Last, First, and Middle Initial)	Home Telephone	E-Mail Address	
Carswel	1, Kenneth W			
Mailing Address		City	State	Zip
			CA	95503
Residence Addre	ss (if different from mailing address)	City	State	Zip
Name of Busines	s, Agency, or Tribe	Occupation/Title		
Secret	to National	Leasing/	Operations State CA	
Business Address		City	State	Zip
			CA	95502
Business Phone		Business Fax		41
Please provid	e three references (name, phone # and e-mail)			
1. Mary Wa	allake-			
2. BILT M.	Auley			×
3. Tim Co	illison			
Please indica	te which industry you represent.			
PRIVATE II	NDUSTRY (please specify which sector you represent	:)		
	Diversified Health Care	Specialty	Food, Flowers, and Be	everages
	Building and Systems Construction	Contract to the contract of th	nt Support Services	-
	Management and Innovation Services	Niche Ma	anufacturing	
	Forest Products	Tourism		
	Other: Commercial Real Estate			
PUBLIC IN	DUSTRY (please specify which sector you represent)			
	Wagner-Peyser Board of Supervisors Representative Assembly/State Representative Education (specify)	AU DULINGSTRUCK AVE	conomic Developmen nal Rehabilitation nion	t Agency
	Adult K-12	Higher Edu	ucation	
	Community Based Organization (specify) Native American employment development Address Barriers to Employment	Childcar Youth e	re mployment, training,	or education

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).
- 1. Secure a Nomination. A nomination must be secured prior to submitting this application by completing Part III below. Guidelines for nominations are as follow:

Private Sector seats require a formal nomination by an open-membership business organization, a sitting WDB business member or 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 a nomination from a senior executive from the agency or institution of employment or affiliation.

2. Forward the completed application to:

Workforce Development Board

825 5th Street

Eureka, CA 95501

Attn: Scott Adair, Economic Development Director

sadair@co.humboldt.ca.us

Selected applicants will be required to file Form 700: Statement of Economic Interest, annually.

For questions or additional information, please call (707)445-7745

or visit our website: https://www.gohumco.com/162/HC-WDB-Meetings-and-Governance

PART III - Nomination

PLEASE NOTE.	: All applicants must secure the nomination and signature as described in Part II - #2 above, prior to
submitting th	e application to the Workforce Development Board.

(Agency/Organization/Association Name) hereby formally nominates

(Applicant's Name) for appointment to the Workforce Development Board of Humboldt County

Signature of Senior Executive of Nominating Agency

PART IV - Applicant Certification and Signature

I hereby certify all answers and statements are tifue and complete to the best of my knowledge. I understand the County may verify information and that untifut ful or misleading answers are cause for rejection of this application.

Signature of Applicant



APPLICANT QUESTIONNAIRE

1.	Meetings of the Workforce Development Board shall be called and held pursuant to the provisions of the Ralph M. Brown Act.
	Have you ever been participated on a board or committee that adheres to the Brown Act? Yes No_X_ If yes, which one?
2.	Appointment to the Humboldt County Workforce Development Board is a commitment for a two-year term starting the date of appointment by the Board of Supervisors through June 30 th of the following fiscal year. If appointed to the Workforce Development Board, you are expected to attend meetings quarterly. Each meeting of the full Workforce Development Board is approximately three hours long. If appointed to the Workforce Development Board, do you agree to attend these meetings? Yes No
3.	Upon appointment to the board, you will be provided with a copy of the current Workforce Development Board bylaws. Do you agree to review and adhere to the Workforce Development Board bylaws? Yes X No
4.	Attendance expectations are outlined in the bylaws. Members of the board must not miss more than three consecutive meetings unless excused and no more than five consecutive meetings, whether excused or unexcused, to maintain your seat on the board. Attendance is tracked, reviewed and recorded in the minutes for each meeting. Failure to adhere to the attendance guidelines may result in termination from the Board. If you expect to be absent from a meeting that you must notify the Chair of the Board and/or the Executive Director of the intended absence by no later than 5:00PM the day prior to the scheduled meeting, to be considered excused. Do you agree to properly notify staff if you are unable to attend a scheduled meeting? Yes X No Do you understand the attendance expectations for this Board? Yes No
5.	Applicants selected for appointment will be required to submit a Form 700: Statement of Economic Interest, annually Do you agree to file the Form 700 annually and disclose any conflict of interest? Yes No For more information on the Form 700 please go to: www.fppc.ca.gov/Form700.html
•	FFICE USE ONLY:
Date R	ec'd: Staff: Submittal Date:



PART I – Personal Information					
	(Last, First, and Middle Initial)	Home Telephone	E-Mail Address		
Huddle Gary					
Mailing Address		City	State CA	Zip 95482	
Residence Addr	ess (if different from mailing address)	City	•		
	ss, Agency, or Tribe truction Company	Occupation/Title Area Superintendent			
Business Addres	ss	City Eureka	State CA	Zip 95501	
Business Phone 707-467-410		Business Fax	Business Fax		
Please provid	de three references (name, address, phone # and e-m	ail)			
1.Justin Ingra	m :				
2.Matt Storm					
3.Carson De\	inny inny				
Please indicate which industry you represent PRIVATE INDUSTRY (please specify which sector you represent) Diversified Health Care Building and Systems Construction Management and Innovation Services Forest Products Other: Specialty Food, Flowers, and Beverages Investment Support Services Niche Manufacturing Tourism					
PUBLIC INDUSTRY (please specify which sector you represent)					
	Wagner-Peyser Act Board of Supervisors Representative Assembly/State Representative Education (specify) Adult K-12	Vocation	c Development al Rehabilitation ganization he Redwoods		
	Community Based Organization (specify) Native American Employment Development Employ People with Barriers Train People with Barriers		nployment, Training, o Fund Programs/Servi		
PART II - GI	idolinos				

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:

- 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 to:

Workforce Development Board 825 5th Street Eureka, CA 95501

Attn: Scott Adair, Economic Development Director

sadair@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 call (707)445-7745

or visit our website: http://gohumco.org/216/Humboldt-County-Workforce-Development-Bo

PART III – Nomination			
PLEASE NOTE: Private Sector and Labor Union applications must secure t	he nomination and signature as described in		
Part II - #2 above, prior to submitting the application to the Workforce De			
Operating Engineers Local #3	•		
(Agency/Organization/Association			
hereby formally nominates			
Gary Huddle			
(Applicant's Name)			
for appointment to the Workforce Development Board of Humboldt County			
Signature of Chair/Director/Chief of Nominating Agency	Date		
PART IV – Applicant Certification and Signature			
I hereby certify all answers and statements are true and complete to the	best of my knowledge. I understand the		
County may verify information and that untruthful or misleading answers	s are cause for rejection of this application.		
Juny Hall	4/05/2023		
Signature of Applicant	Date		

FOR OFFICE USE ONLY:		
Date Rec'd:	Staff:	Submittal Date:



APPLICANT QUESTIONNAIRE

1.	Meetings of the Workforce Development Board shall be called and held pursuant to the provisions of the Ralph M. Brown Act.						
	Have you ever been participated on a board or committee that adheres to the Brown Act? Yes X No If yes, which one? I STAFF COMMISSIONS THAT ADHELE TO THE BROWN ACT FOR THE CUM OF EXCERT.						
2.	Appointment to the Humboldt County Workforce Development Board is a commitment for a two-year term starting the date of appointment by the Board of Supervisors through June 30 th of the following fiscal year. If appointed to the Workforce Development Board, you are expected to attend meetings quarterly. Each meeting of the full Workforce Development Board is approximately three hours long. If appointed to the Workforce Development Board, do you agree to attend these meetings? Yes X No						
3.	Upon appointment to the board, you will be provided with a copy of the current Workforce Development Board bylaws. Do you agree to review and adhere to the Workforce Development Board bylaws? Yes_X_ No						
4.	4. Attendance expectations are outlined in the bylaws. Members of the board must not miss more than three consecutive meetings unless excused and no more than five consecutive meetings, whether excused or unexcused, to maintain your seat on the board. Attendance is tracked, reviewed and recorded in the minutes for each meeting. Failure to adhere to the attendance guidelines may result in termination from the Board. If you expect to be absent from a meeting that you must notify the Chair of the Board and/or the Executive Director of the intended absence by no later than 5:00PM the day prior to the scheduled meeting, to be considered excused. Do you agree to properly notify staff if you are unable to attend a scheduled meeting? Yes X No Do you understand the attendance expectations for this Board? Yes X No						
 Applicants selected for appointment will be required to submit a Form 700: Statement of Ec Interest, annually Do you agree to file the Form 700 annually and disclose any conflict of interest? Yes <u>X</u> No 							
	For more information on the Form 700 please go to: www.fppc.ca.gov/Form700.html						
1	FICE USE ONLY:						
Date R	c'd: Staff: Submittal Date:						



PART I – Personal Information			
Applicant Name (Last, First, and Middle Initial)	Home Telephone	E-Mail Address	
ASBURN, SWANZ.			
Mailing Address	City	State	Zip
	,	CA	15524
Residence Address (if different from mailing address)	City	State	Zip
inconstitution in a second sec			
All The Control of Table	Occupation/Title		
Name of Business, Agency, or Tribe		reminent wa	Water o
CITM OF EULEKA			
Business Address	City	State	Zip
		CA	15501
Business Phone	Business Fax		
Please provide three references (name, phone # and e-mail)			
1. MILES SLATTERM,			
2. LANE MULLOD			
Please indicate which industry you represent.	- 4		
PRIVATE INDUSTRY (please specify which sector you represent	}		
Diversified Health Care	Specialty Fo	ood, Flowers, and Be	everages
Building and Systems Construction	=	Support Services	
Management and Innovation Services	Niche Man	ufacturing	
Forest Products Other:	Tourism		
PUBLIC INDUSTRY (please specify which sector you represent)			
Wagner-Peyser		nomic Developmen [.] I Rehabilitation	t Agency
Board of Supervisors Representative Assembly/State Representative	Labor Unio		
Education (specify)	Labor Offic	711	
Adult K-12	Higher Educa	tion	
_			
Community Based Organization (specify)	Object to a		
Native American employment development Address Barriers to Employment	Childcare Vouth om	oloyment, training, o	or education
Mudiess pathers to chiployinent	- roddi ettil	noyment, training, (A CUUCALION

PART II – Guidelines

The following guidelines have been developed to assist the Board of Supervisors in the process of recruiting and appointing new Workforce Development Board members.

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Eureka, CA 95501

Attn: Scott Adair, Economic Development Director

sadair@co.humboldt.ca.us

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For questions or additional information, please call (707)445-7745

For questions of additional informati			
or visit our website: https://www.gohumco.com	/162/HC-WDB-Meetings-and-Governance		
PART III - Nomination			
PLEASE NOTE: All applicants must secure the nomination and sign submitting the application to the Workforce Development Board.	ature as described in Part II - #2 above, <u>prior</u> to		
city of everla			
(Agency/Organization/Associati	ciation Name)		
hereby formally nom	inates		
SWAN ASBUDM			
(Applicant's Nam	ne)		
for appointment to the Workforce Development Board of Humboldt County			
(Jul J. Paull	41 14/ 23		
Signature of Senior Executive of Nominating Agency	Date		
Panel a T Powell	4/14/23		
Print Name	Titlé		
PART IV – Applicant Certification and Signature			
I hereby certify all answers and statements are true and complete County may verify information and that untruthful or misleading of	to the best of my knowledge. I understand the Inswers are cause for rejection of this application.		
lld	4/14/23		
Signature of Applicant	Date		



APPLICANT QUESTIONNAIRE

1.	the Ralph M. Brown Act.			
	Have you ever been participated on a board or committee that adheres to the Brown Act?			
	Yes X No If yes, which one? Humboldt Sponsored Programs Foundation Board			
2.	Appointment to the Humboldt County Workforce Development Board is a commitment for a two-year term starting the date of appointment by the Board of Supervisors through June 30 th of the following fiscal year. If appointed to the Workforce Development Board, you are expected to attend meetings quarterly. Each meeting of the full Workforce Development Board is approximately three hours long. If appointed to the Workforce Development Board, do you agree to attend these meetings? Yes X No			
3.	Upon appointment to the board, you will be provided with a copy of the current Workforce Development Board bylaws.			
	Do you agree to review and adhere to the Workforce Development Board bylaws? Yes $\underline{\times}$ No $\underline{\hspace{0.5cm}}$			
4.	Attendance expectations are outlined in the bylaws. Members of the board must not miss more than three consecutive meetings unless excused and no more than five consecutive meetings, whether excused or unexcused, to maintain your seat on the board. Attendance is tracked, reviewed and recorded in the minutes for each meeting. Failure to adhere to the attendance guidelines may result in termination from the Board. If you expect to be absent from a meeting that you must notify the Chair of the Board and/or the Executive Director of the intended absence by no later than 5:00PM the day prior to the scheduled meeting, to be considered excused. Do you agree to properly notify staff if you are unable to attend a scheduled meeting? Yes X No Do you understand the attendance expectations for this Board? Yes X No			
 Applicants selected for appointment will be required to submit a Form 700: Statement of Economic Interest, annually Do you agree to file the Form 700 annually and disclose any conflict of interest? Yes X No 				
R O				
	ec'd: Staff: Submittal Date:			



PART I – Personal Information				
Applicant Name (Last, First, and Middle Initial)	Home Telephone	E-Mail Addre	ess	
Mistler, Brian J				
Mailing Address	City		State	Zip
	Arcata		CA	95521
Residence Address (if different from mailing address)	City		State	Zip
Name of Business Agency or Tribe	Occupation /Title			
Name of Business, Agency, or Tribe Still Center, LLC	Occupation/Title Principal			
Sum deficer, ELO	Timoipai			
	City		State	Zip
	San Francisco		CA	94115
	Sall Flallcisco			
Business Phone	Business Fax		•	
Diago provide three references (name whome # and a mail)				
Please provide three references (name, phone # and e-mail)				
1. Cedar Ruben,				
2. Bethany Rizzarti				
3. Kacie Flynn				
Please indicate which industry you represent.				
PRIVATE INDUSTRY (please specify which sector you represent)			
Diversified Health Care	Specialty F	ood, Flowers	and Be	/erages
Building and Systems Construction	= ' '	t Support Sei		
Management and Innovation Services	Niche Man		1.005	
Forest Products	Tourism	laractaring		
Other:				
PUBLIC INDUSTRY (please specify which sector you represent)				
Wagner-Peyser	Public Eco	nomic Devel	opment	Agencv
Board of Supervisors Representative	=	ıl Rehabilitat	•	
Assembly/State Representative	Labor Uni			
Education (specify)	Labor offi	OII		
Adult K-12	Higher Educa	ation		
Addit K-12		ation		
Community Based Organization (specify)				
Native American employment development	Childcare			
Address Barriers to Employment		ployment, tr	aining o	ducation
Address barriers to Employment		pioyinent, ti	anning, O	Cuucation
DART II Cuidelines				
PART II – Guidelines				

The following guidelines have been developed to assist the Board of Supervisors in the process of recruiting and appointing new Workforce Development Board members.

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2. Forward the completed application to:

Workforce Development Board

825 5th Street

Eureka, CA 95501

Attn: Scott Adair, Economic Development Director

sadair@co.humboldt.ca.us

Signature of Applicant

Selected applicants will be required to file Form 700: Statement of Economic Interest, annually.

For questions or additional information, please call (707)445-7745

or visit our website: https://www.gohumco.com/162/HC-WDB-Meetings-and-Governance

PART III - Nomination

	E: All applicants must secure the nomination and signa	ture as described in Part II - #2 above, <u>prior</u> to	,				
submitting t	ubmitting the application to the Workforce Development Board.						
	Humboldt County Workforce Development Board						
	(Agency/Organization/Association Name) hereby formally nominates						
	Brian Mistler						
	(Applicant's Name	2)					
	for appointment to the Workforce Developme	nt Board of Humboldt County					
	Daniel Dixon ature of Senior Executive of Nominating Agency	01/24/2023					
Sign	ature of Senior Executive of Nominating Agency	Date					
Daniel Dixo	on	WDB Chair					
	Print Name	Title					
PART IV – A	Applicant Certification and Signature						
I hereby cer	tify all answers and statements are true and complete to	o the best of my knowledge. I understand the	2				
County may	verify information and that untruthful or misleading an	swers are cause for rejection of this applicati	on.				
	Brien J. Messe	1/24/2023					

Date



Applicant Name (last, First, and Middle Initial) McEntagart, John P Mailing Address City Eureka City Eureka City State Ca 95501 Residence Address (if different from mailing address) City State City State City State City State City Santa Rosa Ca 95403 Business Address City Santa Rosa Ca 95403 Business Phone Business Fex Please provide three references (name, address, phone # and e-mail) 1.Jeff Hunerlach 2. Keith Dias 3. Doug Toland - Please indicate which industry you represent Diversified Health Care Business Phone Diversified Health Care Business Fex Please indicate which industry you represent Diversified Health Care Business Phone Diversified Health Care Business Fex Please Indicate which industry you represent Diversified Health Care Business Fex Specialty Food, Flowers, and Beverages Investment Support Services Niche Manufacturing Tourism Diversified Health Care Business Fex Please froducts Other: Namagement and innovation Services Investment Support Services Niche Manufacturing Tourism Community Based Organization Education (specify) Adult K-12 Community Based Organization (specify) Native American Employment Development Employ People with Barriers Vouth Employment, Training, or Education	PART I - Per	sonal Information						
Mailling Address City Eureka Ca 95501 Residence Address (if different from mailling address) City State Zip 95501 Residence Address (if different from mailling address) City State Zip Doccupation/Title Business Manager Business Address City State Zip Santa Rosa Ca P5403 Business Phone Business Fax Please provide three references (name, address, phone # and e-mail) 1.Jeff Hunerlach Light Light Light Light 2. Keith Dias Light Light Light Light Light Business Phone Business Fax Please indicate which industry you represent Diversified Health Care Specialty Food, Flowers, and Beverages Business Phone Specialty Food, Flowers, and Beverages Diversified Health Care Specialty Food, Flowers, and Beverages Management and innovation Services Investment Support Services Diversified Health Care Specialty Food, Flowers, and Beverages Niche Manufacturing Tourism Diversified Health Care Specialty Food, Flowers, and Beverages Niche Manufacturing Tourism Wagner-Peyser Act Sconomic Development Wagner-Peyser Act Sconomic Development Vocational Rehabilitation Assembly/State Representative Labor Organization Education (specify) K-12 College of the Redwoods Community Based Organization (specify) Child Care Youth Employment, Training, or Education Youth Employment, Training, or Education			Home Teleph	none	E-Mall Addre	SS		
Residence Address (if different from malling address) City State Zip Occupation/Title Business Manager City State Zip Occupation/Title Business Manager City State Zip Occupation/Title Business Manager City State Zip 95403 Business Phone Business Fax Please provide three references (name, address, phone # and e-mail) 1.Jeff Hunerlach 2. Keith Dias 3. Doug Toland - Please indicate which industry you represent Diversified Health Care Busilding and Systems Construction Management and innovation Services Management and innovation Services Forest Products Other: Diversified Health Care Management and innovation Services Niche Manufacturing Tourism Diversified Health Care Specialty Food, Flowers, and Beverages Investment Support Services Niche Manufacturing Tourism Control Assembly/State Representative Education (specify) Adult Community Based Organization (specify) Native American Employment Development Collid Care Youth Employment, Training, or Education City State Zip State Zip								
Residence Address (if different from malling address) City State Zip Occupation/Title Business Manager City State Ca 95501 Business Address City State Ca 95403 Business Phone Business Fax Please provide three references (name, address, phone # and e-mail) 1.Jeff Hunerlach 2. Keith Dias 3. Doug Toland - Please indicate which industry you represent Diversified Health Care Specialty Food, Flowers, and Beverages Investment Support Services Niche Manufacturing Tourism Diversified Health Care Investment Support Services Niche Manufacturing Tourism Diversified Health Care Investment Support Services Niche Manufacturing Tourism Diversified Health Care Investment Support Services Niche Manufacturing Tourism Diversified Health Care Investment Support Services Niche Manufacturing Tourism Diversified Health Care Investment Support Services Niche Manufacturing Tourism Diversified Health Care Investment Support Services Niche Manufacturing Tourism Diversified Health Care Investment Support Services Niche Manufacturing Tourism Diversified Health Care Investment Support Services Niche Manufacturing Tourism Diversified Health Care Investment Support Services Niche Manufacturing Tourism Diversified Health Care Investment Support Services Niche Manufacturing Tourism Diversified Health Care Investment Support Services Investment Support Services		,	Class			State	7in	
Residence Address (if different from mailing address) City State Business Address City Santa Rosa City Santa	Mailing Address		1				1	
Name of Business, Agency, or Tribe Business Address City Santa Rosa Business Phone Business Manager Zip P5403 Zip P5403 Specialty Food, Flowers, and Beverages investment Support Services Invest			Еигека			Ca	33301	
Name of Business, Agency, or Tribe Business Address City Santa Rosa Business Phone Business Manager Zip P5403 Zip P5403 Specialty Food, Flowers, and Beverages investment Support Services Invest	Daaldanaa Adda	and its different from malling address?	City			State	Zip	
Business Manager Business Address	Residence Addre	ess (if different from maining address)	City			Diate		
Business Manager Business Address								
Business Address City Santa Rosa Business Phone Business Phone Business Phone Business Phone Business Phone Business Phone Business Fax Please provide three references (name, address, phone # and e-mail) 1.Jeff Hunerlach	Name of Busine	ss. Agency, or Tribe	Occupation/	Title			1	
Business Address City Santa Rosa Business Phone Business Fax Please provide three references (name, address, phone # and e-mail) 1.Jeff Hunerlach 2. Keith Dias - 3.Doug Toland Please indicate which industry you represent Investment Support Services			Business Manager					
Business Phone Business Fax Please provide three references (name, address, phone # and e-mail) 1.Jeff Hunerlach 2. Keith Dias 3.Doug Toland Please indicate which industry you represent Please indicate which industry you represent Diversified Health Care	locar zoour s	•						
Business Phone Business Pax	Business Addres	S	City			State	1	
Please provide three references (name, address, phone # and e-mail) 1.Jeff Hunerlach			Santa Rosa	a		Ca	95403	
Please provide three references (name, address, phone # and e-mail) 1.Jeff Hunerlach	1						<u> </u>	
1.Jeff Hunerlach 2. Keith Dias - 3.Doug Toland - Please indicate which industry you represent PRIVATE INDUSTRY (please specify which sector you represent) Diversified Health Care	Business Phone		Business Fax	(
1.Jeff Hunerlach 2. Keith Dias - 3.Doug Toland - Please indicate which industry you represent PRIVATE INDUSTRY (please specify which sector you represent) Diversified Health Care								
1.Jeff Hunerlach 2. Keith Dias - 3.Doug Toland - Please indicate which industry you represent PRIVATE INDUSTRY (please specify which sector you represent) Diversified Health Care								
1.Jeff Hunerlach 2. Keith Dias - 3.Doug Toland - Please indicate which industry you represent PRIVATE INDUSTRY (please specify which sector you represent) Diversified Health Care		At the second se	!1\					
2. Keith Dias - 3. Doug Toland - Please indicate which industry you represent PRIVATE INDUSTRY (please specify which sector you represent) Diversified Health Care			nau)					
Please indicate which industry you represent	1.Jeff Huneri	ach						
Please Indicate which industry you represent PRIVATE INDUSTRY (please specify which sector you represent) Diversified Health Care	2. Keith Dias							
Diversified Health Care	3.Doug Tolan	d -						
Diversified Health Care		And the state of t						
Diversified Health Care								
Diversified Health Care Building and Systems Construction Management and Innovation Services Forest Products Other: Wagner-Peyser Act Board of Supervisors Representative Assembly/State Representative Bducation (specify) Adult K-12 College of the Redwoods Community Based Organization (specify) Native American Employment Development Child Care Youth Employment, Training, or Education	Please indicat	e which industry you represent						
Diversified Health Care Building and Systems Construction Management and Innovation Services Forest Products Other: Wagner-Peyser Act Board of Supervisors Representative Assembly/State Representative Bducation (specify) Adult K-12 College of the Redwoods Community Based Organization (specify) Native American Employment Development Child Care Youth Employment, Training, or Education	⊠PRIVATE INDUSTRY (please specify which sector you represent)							
Building and Systems Construction								
Management and Innovation Services Forest Products Other: Niche Manufacturing Tourism Nother: Niche Manufacturing Tourism Nother: Niche Manufacturing Tourism Nother: Economic Development Vocational Rehabilitation Labor Organization Education (specify) Adult K-12 College of the Redwoods Community Based Organization (specify) Native American Employment Development Employ People with Barriers Niche Manufacturing Tourism Niche Manufacturing Tourism Courism Conomic Development Vocational Rehabilitation Labor Organization College of the Redwoods		Diversified Health Care					everages	
Forest Products Other: Description	\boxtimes	Building and Systems Construction	In	vestmen	it Support S	ervices		
Other: Other:	П	Management and Innovation Services	□ N	iche Mar	nufacturing			
Other:		•	Пт	ourism				
Wagner-Peyser Act	Ħ							
Wagner-Peyser Act □ Board of Supervisors Representative □ Assembly/State Representative □ Labor Organization □ Education (specify) □ Adult □ K-12 □ College of the Redwoods □ Community Based Organization (specify) □ Native American Employment Development □ Employ People with Barriers □ Conomic Development □ Labor Organization □ College of the Redwoods □ Child Care □ Youth Employment, Training, or Education		Other.						
Wagner-Peyser Act □ Board of Supervisors Representative □ Assembly/State Representative □ Labor Organization □ Education (specify) □ Adult □ K-12 □ College of the Redwoods □ Community Based Organization (specify) □ Native American Employment Development □ Employ People with Barriers □ Conomic Development □ Coactional Rehabilitation □ Labor Organization □ College of the Redwoods □ Child Care □ Youth Employment, Training, or Education		6						
Wagner-Peyser Act □ Board of Supervisors Representative □ Assembly/State Representative □ Labor Organization □ Education (specify) □ Adult □ K-12 □ College of the Redwoods □ Community Based Organization (specify) □ Native American Employment Development □ Employ People with Barriers □ Conomic Development □ Coactional Rehabilitation □ Labor Organization □ College of the Redwoods □ Child Care □ Youth Employment, Training, or Education	PUBLIC IND	OUSTRY (please specify which sector you represent	}					
Board of Supervisors Representative Assembly/State Representative Education (specify) Adult Community Based Organization (specify) Native American Employment Development Employ People with Barriers Vocational Rehabilitation Labor Organization College of the Redwoods Child Care Youth Employment, Training, or Education	<u>⊠</u> , ob≥io ii≀te	the second secon						
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Train People with Barriers Federally Fund Programs/Services for			P-canad	•	_		vices for	

PART II - Guidelines					
The following guidelines have been developed to assist the Board of Sup appointing new Workforce Development Board members.	pervisors in the process of recruiting and				
To become a member of the Workforce Development Board, you must:					
 Represent the sector for which you are applying (be an owner of officer of a business or agency, or other business executive or em authority). 	a business, a chief executive/operating aployer with optimum policy-making or hiring				
 Be formally nominated by an open-membership business organiz professional or business organization such as Kiwanis or Rotary), board of directors. Your nomination must be secured prior to see Part III below. 	a business trade association, or an agency				
3. Forward the completed application to:					
Workforce Development Board 520 E Street Eureka, CA 95501 Attn: Storr Adams, Economic Develop	MENT DIRECTOR				
sadair @Co. humbold Ca.us					
Applicants selected for employment will be required to file Form	n 700, Statement of Economic Interest.				
For questions or additional information, plor visit our website @ http://humboldtgov.org/1705	ease call (707)445-7745				
PART III - Nomination	STATE DEVELOPMENT DESIGN				
PLEASE NOTE: Applicant must secure the nomination and signature of Association as described in Part II - #3 above, <u>prior</u> to submitting the appropriate the secure the nomination and signature of Association as described in Part II - #3 above, <u>prior</u> to submitting the appropriate the secure the nomination and signature of Association as described in Part II - #3 above, <u>prior</u> to submitting the appropriate the nomination and signature of Association as described in Part II - #3 above, <u>prior</u> to submitting the appropriate the nomination and signature of Association as described in Part II - #3 above, <u>prior</u> to submitting the appropriate the nomination and signature of Association as described in Part II - #3 above, <u>prior</u> to submitting the appropriate the nomination and signature of Association as described in Part II - #3 above, <u>prior</u> to submitting the appropriate the nomination and signature of the nomination and th	an appropriate Agency, Organization, or oplication to the Workforce Development				
Building and Construction Council of Humboldt a	ind Del Norte Counties				
(Agency/Organization/Association Name)					
hereby formally nominates	5				
John McEntagart					
(Applicant's Name)					
for appointment to the Workforce Investment Bo	ard of Humboldt County				
111 (1 4 1					
Self Hunewoch	1-10-2023				
Signeture of Chair/Director/Chief of Nominating Agency PART IV — Applicant Certification and Signature	Date				

FOR OFFICE USE ONLY		
Date Rec'd:	Staff:	Submittal Date:

Signature of Applicant

1 - 10 - 2023 Date



January 10, 2023

Scott Adair, Economic Development Director The Humboldt Workforce Development Board 520 E St. Eureka, CA. 95501

Dear Mr. Adair;

On January 10th, 2023, The Building and Construction Trades Council of Humboldt and Del Norte Counties met and nominated Mr. John McEntagart as a Labor Delegate to the Humboldt Workforce Development Board.

Mr. McEntagart has been an advocate for labor and working people in Humboldt County for over five years. He serves as a Trustee on our Council and we are unanimous in nominating him for this position.

We appreciate your consideration of Mr. McEntagart's application.

Thank you,

Jeff Hunerlach, Secretary-Treasurer

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