

APPLICANT QUESTIONNAIRE

- 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 30th of the following fiscal year. If appointed to the Workforce Development Board, you are expected to attend meetings <u>quarterly</u>. 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____
- 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 <u>three</u> consecutive meetings unless excused and no more than <u>five</u> 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. <u>Failure to adhere to the attendance guidelines may result in termination from the Board.</u> 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 \times No____ Do you understand the attendance expectations for this Board? Yes \times 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 $\underline{ imes}$ No____

For more information on the Form 700 please go to: <u>www.fppc.ca.gov/Form700.html</u>

| FOR OFFICE USE ONLY: | | | -1 |
|----------------------|--------|-----------------|----|
| Date Rec'd: | Staff: | Submittal Date: | į |



APPLICATION FOR APPOINTMENT

| Applicant Name (Last, First, and Middle Initial) | Home Telephone | E-Mail Address | |
|---|------------------|-----------------|--------------|
| Chris Albright | 707-407-6193 | calbright@omind | lustries.com |
| Mailing Address | City | State | Zip |
| | Arcata | са | 95521 |
| Residence Address (if different from mailing address) | City | State | Zip |
| 454 Shirley Blvd | arcata | ca | 95521 |
| Name of Business, Agency, or Tribe | Occupation/Title | l | |
| O&M Industries | coo | | |
| Business Address | City | State | Zip |
| 5901 Ericson way | Arcata | CA | 95521 |
| Business Phone | Business Fax | | |
| 707-822-8800 | 707-822-899 | 5 | |
| | | | |

Please provide three references (name, address, phone # and e-mail)

| 1. Chris Gaines, | |
|------------------|--|
| 2. Kerry Mayer, | |
| 3. Jay Reed; | |

Please indicate which industry you represent

| INDUSTRY (please specify which see | tor 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 |
| IDUSTRY (please specify which sector | or you represent) | |
| Wagner-Peyser Act Board of Supervisors Representativ Assembly/State Representative Education (specify) | Ve | Economic Development Vocational Rehabilitation Labor Organization ollege of the Redwoods |
| Community Based Organization (sp Native American Employmen Employ People with Barriers Train People with Barriers | | Child Care Youth Employment, Training, or Education Federally Fund Programs/Services for Low- Income Residents |

| appointing new Workforce Development Board mer | sist the Board of Supervisors in the process of recruiting and mbers. |
|---|---|
| pponning new workforce bevelopment board men | incers. |
| To become a member of the Workforce Developmen | it Board, γou must: |
| | ring (be an owner of a business, a chief executive/operating officer ecutive or employer with optimum policy making or hiring |
| of commerce or a professional or business or or an agency board of directors. Labor Unio | ation by an open-membership business organization (i.e., a chambe rganization such as Kiwanis or Rotary), a business trade association n seats require a formal nomination from a local labor federation. . Your nomination must be secured prior to submitting this |
| 3. Forward the completed application to: | |
| Workforce Development Board 825 5 th Street | |
| Eureka, CA 95501 | |
| Attn: Scott Adair, Economic Develop sadair@co.humboldt.ca.us | ment Director |
| sadan@co.numbolat.ca.us | |
| Applicants selected for appointment will be | required to file Form 700, Statement of Economic Interest. |
| For questions or addit | tional information, please call (707)445-7745 |
| or visit our website: http://gohumo | co.org/216/Humboldt-County-Workforce-Development-Bo |
| ART III - Nomination | |
| PLEASE NOTE: <u>Private Sector</u> and <u>Labor Union</u> appli Part II - #2 above, <u>prior</u> to submitting the application | ications must secure the nomination and signature as described in n to the Workforce Development Board. |
| Humboldt B | uilders Exchange |
| | anization/Association Name) |
| hereb | y formally nominates |
| | Chris Albright |
| N | pplicant's Name) |
| for appointment to the Workfo | orce Development Board of Humboldt County |
| | 10-17-2023 |
| Signature of Chair/Director/Chief of Nominat | |
| ART IV – Applicant Certification and Signature | and the state |
| | and complete to the best of my knowledge. I understand the |
| ounty may verify information and that untruthful o | or misleading answers are cause for rejection of this application. |
| | 10-16-2023 |
| | 10 10 0.02 |
| Signature of Applicant | Date |

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