



APPLICATION FOR APPOINTMENT

PART I – Personal Information			
Applicant Name (Last, First, and Middle Initial) <i>Forbes, James, R</i>	Home Telephone [REDACTED]	E-Mail Address [REDACTED]	
Mailing Address [REDACTED]	City <i>Eureka</i>	State <i>CA</i>	Zip <i>95503</i>
Residence Address (if different from mailing address) <i>- Same -</i>	City <i>-</i>	State <i>-</i>	Zip <i>-</i>
Name of Business, Agency, or Tribe <i>Dept of Rehabilitation</i>	Occupation/Title <i>Team Manager (SSMI)</i>		
Business Address <i>1330 Bayshore Way Suite 101</i>	City <i>Eureka</i>	State <i>Ca</i>	Zip <i>95501</i>
Business Phone <i>707-445-6304</i>	Business Fax		

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

<i>1. Ana Cristina Mendonsa - [REDACTED]</i>	[REDACTED]
<i>2. Peggy Martinez Creative Inclusion Arcata, Ca</i>	[REDACTED]
<i>3. Yvonne Doble Harpst Arcata</i>	[REDACTED]

Please indicate which industry you represent

PRIVATE INDUSTRY (please specify which sector you represent)

- | | |
|--|---|
| <input type="checkbox"/> Diversified Health Care
<input type="checkbox"/> Building and Systems Construction
<input type="checkbox"/> Management and Innovation Services
<input type="checkbox"/> Forest Products
<input type="checkbox"/> Other: | <input type="checkbox"/> Specialty Food, Flowers, and Beverages
<input type="checkbox"/> Investment Support Services
<input type="checkbox"/> Niche Manufacturing
<input type="checkbox"/> Tourism |
|--|---|

PUBLIC INDUSTRY (please specify which sector you represent)

- | | |
|--|---|
| <input type="checkbox"/> Wagner-Peyser Act
<input type="checkbox"/> Board of Supervisors Representative
<input type="checkbox"/> Assembly/State Representative
<input type="checkbox"/> Education (specify)
<input type="checkbox"/> Adult <input type="checkbox"/> K-12 | <input type="checkbox"/> Economic Development
<input checked="" type="checkbox"/> Vocational Rehabilitation
<input type="checkbox"/> Labor Organization
<input type="checkbox"/> College of the Redwoods |
| <input type="checkbox"/> Community Based Organization (specify)
<input type="checkbox"/> Native American Employment Development
<input type="checkbox"/> Employ People with Barriers
<input type="checkbox"/> Train People with Barriers | <input type="checkbox"/> Child Care
<input type="checkbox"/> Youth Employment, Training, or Education
<input type="checkbox"/> Federally Fund Programs/Services for Low-Income Residents |

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.

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).
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 the nomination and signature as described in Part II - #2 above, prior to submitting the application to the Workforce Development Board.

California Department of Rehabilitation

 (Agency/Organization/Association Name)

hereby formally nominates

James Forbes

 (Applicant's Name)

for appointment to the Workforce Development Board of Humboldt County

David Wayte _____ 11-22-2022
 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 are cause for rejection of this application.

[Signature] _____ 11-22-2022
 Signature of Applicant Date

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