

1-LWDA# _____	APPOINTMENT/REAPPOINTMENT FORM LOCAL WORKFORCE DEVELOPMENT BOARD		
2-Name _____		3-Representing Entity _____	
4-Street Address _____		5-City _____	6-County Representing _____ <input type="checkbox"/> Residence Co
7-State _____	8-Zip _____	12-Reason for Submission (Check all that apply) <input type="checkbox"/> Appointment <i>Name of member being replaced:</i> _____ <input type="checkbox"/> Reappointment <input type="checkbox"/> Recertification <input type="checkbox"/> Employer change/new contact information	
9-Phone (____) _____ - _____ ext. _____		14-Nominee Characteristics (<i>Optional</i>) <input type="checkbox"/> Waived Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	
10-Fax (____) _____ - _____			
11-Email _____		13- Title and/or job duties demonstrating optimum policy making authority (<i>Attach additional pages, if necessary</i>) _____ _____ _____	
15-Nominee Signature I certify that the above information is accurate and complete. I further acknowledge that my role as a Local Workforce Development Board member requires that I publicly disclose any conflict of interest, whether real or apparent, prior to discussion on a matter regarding provision of services by myself or an entity that I represent or that would provide direct financial benefit to myself or a member of my immediate family and shall abstain from voting on such matters. (<i>Conflict of interest is a situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties.</i>) _____ Signature _____ Date ____/____/____			
Fill out appropriate Entity Representative(s) below			
16-Business Representative <input type="checkbox"/> (nomination form required for initial appointment) NAICS Code: _____ <input type="checkbox"/> Is a small business in accordance with: https://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf Number of employees of the entity: _____ Average Annual Receipts: \$ _____ mil. Career Cluster of Employment Opportunities (Check ONLY One): <input type="checkbox"/> Agriculture, Food & Natural Resources <input type="checkbox"/> Architecture & Construction <input type="checkbox"/> Arts, A/V Technology & Communication <input type="checkbox"/> Business Management & Administration <input type="checkbox"/> Education & Training <input type="checkbox"/> Energy <input type="checkbox"/> Finance <input type="checkbox"/> Governmental & Public Administration <input type="checkbox"/> Health Science <input type="checkbox"/> Hospitality & Tourism <input type="checkbox"/> Human Services <input type="checkbox"/> Information Technology <input type="checkbox"/> Law, Public Safety, Corrections & Security <input type="checkbox"/> Manufacturing <input type="checkbox"/> Marketing <input type="checkbox"/> Research and Development <input type="checkbox"/> Science, Technology, Engineering & Math <input type="checkbox"/> Transportation, Distribution & Logistics			
17-Workforce Representative <input type="checkbox"/> (nomination form required for initial appointment - labor organization only) <input type="checkbox"/> Labor Organization <input type="checkbox"/> Labor-Mgmt Apprenticeship Program/Apprenticeship Program <input type="checkbox"/> Community-Based Organization Services Provided (must demonstrate expertise and effectiveness in the field of addressing needs of individuals with barriers to employment): _____ _____ <input type="checkbox"/> Youth Organizations Services Provided (must demonstrate expertise and effectiveness in the field of addressing employment, training, or education needs of youth): _____ _____			
18-Education & Training Representative <input type="checkbox"/> (nomination form may be required for eligible providers administering adult education and literacy activities under Title II or multiple institutions of higher education providing workforce investment activities serving the local area) <input type="checkbox"/> Eligible Provider of Adult Education and Literacy Activities <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Local Education Agency Services Provided (must demonstrate expertise and effectiveness in the field of addressing education or training needs of individuals with barriers to employment): _____ _____			
19-Gov't and Econ/Comm Develop. Representative <input type="checkbox"/> <input type="checkbox"/> Economic and Community Development <input type="checkbox"/> Transportation, Housing, and Public Assistance <input type="checkbox"/> Wagner-Peyser Act (Employment Service) <input type="checkbox"/> Philanthropic Organization <input type="checkbox"/> Vocational Rehabilitation			
20-Other Representative <input type="checkbox"/>			
21-Term of Appointment (FROM date should be the original appointment date, if known) From: ____/____/____ To: ____/____/____			