NOMINATION FORM

Local Workforce Development Board

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| --- | --- | --- | --- | --- | --- |
| **1-Name** (*First, MI, Last*) | | **2-LWDA #** | | | **3-Date** |
| **4-Street Address** | | | | **13-Nominee Characteristics** Gender: Male  Female  Race:  White Black  Hispanic Amer. Indian  Native Alaskan Asian   Pacific Islander Other  | |
| **5-City** | **6-County** | | |
| **7-State Virginia** | **8-ZIP** | | |
| **9-Home Phone** *(include area code)* | **10-Work Phone** *(include area code)* | | |
| **14-Recommended for** *(see section number)*   1. Labor/ CBO/ Apprenticeship  2. Private Sector (Business)  3. Education  4. Economic Development  5. Organized Labor  6. One-Stop Partner  7. Optional/ Other  | |
| **11-FAX** | **12-E-Mail** | | |
| **15-LWDA Name** | | | |
| **16-Labor/ CBO/ Apprenticeship Representative**    *Title Organization* | | | |
| **17-Private Sector (Business) Representative** Yes No  Minority-Owned Business    Title Female-Owned Business    Business Urban  Suburban  Rural   Number of Employees  Type of Business | | | | | |
| **18-Education Representative**  Title Institution  Local Ed. Post-Secondary Voc. Ed.  | | | **20-Organized Labor Representative**  Title Affiliation | | |
| **19-Economic Development Representative**  Title | | | **21-One-Stop Partner Representative**  Title Partner/Entity | | |
| **23-Nominator**  ***I hereby recommend the above-named person for membership on the Local Workforce Development Board.***  *Signature Date*    *Printed/Typed Name & Title of Nominator*    *Nominator Organization*  *Phone FAX*  *E-Mail* | | | **22-Optional/ Other Representative**  Title  Agency | | |
| **24-Action by Chief Elected Official**  Subject to certification required by Section 107 of the Workforce Innovation and Opportunity Act of 2014 and Policy 200-04 (2016) (Revised July 1, 2016) of the Virginia Board for Workforce Development, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Elected Officials.  Term of Appointment: From To  *Signature of Chief Elected Official Date* | | |