

1-LWIB #		APPOINTMENT/REAPPOINTMENT FORM		
		LOCAL WORKFORCE INVESTMENT BOARD		
2-Name		3-Representing Entity		
4-Street Address		5-City	6-County Representing <input type="checkbox"/> Residence County (if required)	
7-State	8-ZIP -	12-Reason for Submission		
9-Phone () -	10-Fax () -	<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		
11-Email		14-Nominee Characteristics (Optional) <input type="checkbox"/> Waived		
13-Title and/or job duties demonstrating optimum policy making authority (Attach additional pages if necessary)		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Race: 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 <input type="checkbox"/>		
15-Nominee Signature I certify that the above information is accurate and complete. I further acknowledge that my role as a Local Workforce Investment Board member requires that I publicly disclose any conflict of interest, whether real or apparent, prior to discussion of that matter, and that I also abstain from voting on any such matter. (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.)				
Signature		Date		
Fill out appropriate sector section(s) below				
16-Economic Development Representative <input type="checkbox"/>		17-Community Based Organization (CBO) Representative <input type="checkbox"/>		
18-Education Representative <input type="checkbox"/> (nomination form required for initial appointment)		Services Provided (must demonstrate expertise and effectiveness in the field of workforce investment):		
19-Labor Representative <input type="checkbox"/> (nomination form required for initial appointment)		_____		
20-Other Representative <input type="checkbox"/>		_____		
21-One-Stop Partner Representative <input type="checkbox"/> Job Corps required for LWAs 9, 10 & 26		22-Business Representative <input type="checkbox"/> (nomination form required for initial appointment)		
Job duties must demonstrate expertise relating to a program, service or activity of the one-stop partner <input type="checkbox"/> WIA Title I (Specify Program(s) below): Adult, Youth, Dislocated Worker, Job Corp, Native American, Migrant Seasonal Farm Worker (when present in the local area), Veteran's _____ <input type="checkbox"/> Wagner Peyser (Employment Service) Unemployment Insurance/Veterans, Title 38 <input type="checkbox"/> Adult Education/Literacy, WIA Title II <input type="checkbox"/> Older Americans Act, Title V <input type="checkbox"/> Postsecondary Perkins <input type="checkbox"/> CSBG Employment and Training (when present in the area) <input type="checkbox"/> HUD Employment and Training (when present in the area) <input type="checkbox"/> TANF Employment & Training and Food Stamp <input type="checkbox"/> Vocational Rehabilitation, Title IV <input type="checkbox"/> Trade Act/NAFTA <input type="checkbox"/> Other _____		Number of employees in the local area: _____ Employment Opportunity (check only one): <input type="checkbox"/> Agriculture/Forestry/Fishing & Hunting NAICs Code (Optional) <input type="checkbox"/> Mining (refer to page 4 of instructions) <input type="checkbox"/> Construction/Utilities <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale/Retail <input type="checkbox"/> Trade/Transportation/Warehousing <input type="checkbox"/> Fin/Ins/Real Estate/Management <input type="checkbox"/> Information/Professional & Tech Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Entertainment/Accommodations/Food Service <input type="checkbox"/> Administrative and Other Services/Public Administration		
23 – Term of Appointment				
From: / / To: / /				