

Local Workforce Development Board Member Nomination Form

# Nominee (Applicant Information):

Name: Local Workforce Development Area Representing: Organization Representing: Number of Employees: Position/Title: Address: City/Zip Code: Phone Number: E-mail Address: Gender: ⬜Male ⬜Female

Local Workforce Development Board category the nominee represents (check only one):

⬜Business ⬜Labor Organization ⬜Adult Education and Literacy ⬜Higher Education

Economic and Community Development

Please describe briefly why you would like to serve on the Local Workforce Development Board:

# Nominating Organization Information:

Organization:

Name:

Position/Title:

Address: City/Zip Code:

Phone Number:

E-mail Address:

*I hereby recommend and nominate the above-named person for membership on the Local Workforce Development Board.*

Nominator’s Signature Date

**Action by the Chief Lead Elected Official**

Subject to certification required by Section 107 of the Workforce Innovation and Opportunity Act of 2014 and Policy 1.4.1.1 Submission of Nominations, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Lead Elected Official.

Political Affiliation:

Term of Appointment: From To

Signature of Chief Lead Elected Official

Date

**Action by Iowa Workforce Development**

Appointment is: ⬜Affirmed ⬜Denied

Signature of IWD Representative

Date