

## WORKFORCE DEVELOPMENT BOARD MEMBERSHIP APPLICATION FORM

Person Nominated:		Title:		
Busine	ss Name:			
Busine	ss Address:			
Telepho	one: FAX:	E-mail:		
Organiz	zation submitting nomination:	(i.e: Chamber of Commerce, Manufacturing Association, etc.)		
Contact Person:		Title:		
Business Address:				
Telepho	one: FAX:	E-mail:		
cover.)		be attached to this application or forwarded under separate		
AREA OF REPRESENTATION (CHECK ALL THAT APPLY):				
	Business Workforce  □ Labor organizations □ Joint labor-management apprenticeship program or apprenticeship program □ CBO w/Barrier □ Youth Education & Training □ Adult Education/Literacy Representative □ Higher Education Representative	<ul> <li>□ Vocational Rehabilitation Representative</li> <li>□ Transportation/Housing/Public Assistance</li> <li>□ Philanthropic Organization</li> <li>□ Other</li> </ul>		
	□ Local Ed/CBO w/Training Barrier  Signature	Date		

I hereby submit my application for membership on the Local Workforce Development Board to Golden Sierra Job Training Agency. I have completed and included the following: narrative questions, conflict of interest and nomination letter.

Return all information to: Melissa Keefe, Administrative Analyst

Golden Sierra Job Training Agency

115 Ascot Drive, Suite 140 Roseville, CA 95661 keefe@goldensierra.com

NARRATIVE QUESTIONS
What specific experience/expertise do you possess which would be of value to the Workforce Development Board?
Why would you be a good candidate to serve on the Workforce Development Board?
You may attach additional information, including your resume or biography. Further questions should be directed to Melissa Keefe at Golden Sierra Job Training Agency at (916) 773-8544.

## **CONFLICT OF INTEREST INFORMATION**

	Signature of Applicant Date
	our nomination or application is approved, you will be required to file a limited conflict of interest form with Golden erra Job Training Agency prior to assumption of Workforce Development Board membership.
	Yes ☐ No ☐ If yes, please describe such property by size and location.
3.	Do you, or any member of your immediate family (as defined above), have any ownership interest in any commercial real property that is currently leased/rented by Golden Sierra Job Training Agency?
	(If yes, identify below the name of the entity and the nature of the affiliation. (Immediate family members are: wife, husband, son, daughter, mother, father, brother, brother-in-law, sister-in-law, father-in-law, mother-in-law, aunt, uncle, niece, nephew, step-parent or step-child.)
	Yes No No
2.	You will be setting policy for and possibly allocating funds to community-based organizations, profit and non-profit corporations, school districts and other governmental entities or program operators. Do you or any member of your immediate family have any affiliation with such entities (i.e., ownership; employment; contractual relationships, including Golden Sierra-funded On-the-Job Training (OJT) program participation; commission, board or committee membership)?
	Yes No If yes, please describe below:
1.	Does your employer/company provide goods and/or services to Golden Sierra Job Training Agency, or have any plans to provide goods and/or services to Golden Sierra Job Training Agency in the future?