



Workforce Development

APPLICATION FOR WORKFORCE DEVELOPMENT BOARD

In accordance with the Workforce Innovation and Opportunity Act of 2014 (WIOA), the County of San Bernardino (County) has established a Workforce Development Board (WDB) which sets policy for and provides oversight of workforce development programs in the County. WDB members are appointed by the County Board of Supervisors (Board) to represent specified sectors of the community as listed in Section IV below.

Individuals interested in serving on the WDB must complete and submit this Application to the County of San Bernardino Workforce Development Department. Applicants seeking to represent Business, Labor Organization, Adult Education and Literacy or Higher Education on the WDB must submit their completed Nomination Form(s) with this Application (see Section IV for additional information about nomination requirements). **This Application and the related Nomination Form(s), if any, may be subject to public disclosure.**

I. Personal Information					
Name:	First:		Last:		Middle Initial:
Home Address:			City:		Zip:
Mailing Address:			City:		Zip:
Home Phone:			Alternate Phone:		
Email Address:					

II. Citizenship/Supervisory District Information	
Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of citizenship:
Are you a registered voter?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, county where you are registered:
Check the supervisorial district in which your residence, business or organization is located:	
1 st <input type="checkbox"/>	2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> N/A <input type="checkbox"/>

III. Occupational Information	
Industry Sector:	
Occupation/Title:	
Employer:	
Address:	City:
State:	Zip: Business Phone:

IV. Eligibility Certification: Indicate below each membership category for which you are applying. You may mark more than one category but must certify your qualifications for each category for which you are applying. Applications for Business Member, Labor Organization, Adult Education and Literacy and/or Higher Education must be accompanied by a completed Nomination Form from an appropriate nominating organization.

Business Member: I hereby certify, by my initials here: , that I am: (i) The owner, chief executive or operating officer with optimum policy-making or hiring authority for the business (listed below); (ii) From a business that provides employment opportunities in the region (employees other than the owner) that include, at a minimum, high-quality, work-relevant training and development; (iii) From a business that represents an in-demand industry sector or occupation in the local area (to be verified by staff using labor market information); and (iv) Being nominated by a local business organization or business trade association. (Nomination Form from must be attached to this Application.)

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Name of Business:

Do you represent a "small business," as defined by the U.S. Small Business Administration?

Yes. No.

- Labor Organization:** I hereby certify, by my initials here: _____, that I am: (i) A representative of the labor organization listed below; and (ii) Being nominated by a local labor federation. (Nomination Form from must be attached to this Application.)

Name of Organization:

- Joint Labor-Management Apprenticeship Program:** I hereby certify, by my initials here: _____, that I am a representative from the joint labor-management apprenticeship program listed below.

Name of Organization:

- Community-based Organization:** I hereby certify, by my initials here: _____, that I am a representative of a community-based organization (listed below) with demonstrated experience and expertise in addressing the employment needs of (i) Individuals with barriers to employment, including an organization that serves veterans or provides or supports competitive integrated employment for individuals with disabilities; and/or (ii) Eligible youth, including representatives of organizations that serve out-of-school youth.

Name of Organization:

- Adult Education and Literacy:** I hereby certify, by my initials here: _____, that I am: (i) A representative of an eligible provider (listed below) administering adult education and literacy activities under Title II of WIOA; and (ii) Being nominated by a provider of adult education and literacy activities under Title II of WIOA. (Nomination Form from must be attached to this Application)

Name of Provider:

- Higher Education:** I hereby certify, by my initials here: _____, that I am (i) a representative of an institution of higher education (listed below) providing workforce investment activities (including community colleges) ; and (ii) Being nominated by an institution of higher education providing workforce investment activities (including community colleges). (Nomination Form from must be attached to this Application)

Name of Institution:

- Economic and Community Development:** I hereby certify, by my initials here: _____, that I am a representative of an economic and community development entity.

Name of Entity:

- State Employment Office:** I hereby certify, by my initials here: _____, that I am a representative of the State employment service office under the Wagner-Peyser Act (29 U.S.C. 49 *et seq.*) serving the local area.

- Vocational Rehabilitation:** I hereby certify, by my initials here: _____, that I am a representative of a program (listed below) carried out under Title I of the Rehabilitation Act of 1973 (29 U.S.C. 720 *et seq.*) serving the local area.

Name of Program:

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V. Describe how your participation on the WDB would advance Workforce Development programs in the County.

VI. Convictions:

As an adult (age 18) have you ever been convicted of, or pled guilty or no contest to, a misdemeanor or felony? Do not include: (1) any convictions for possession of marijuana (except for convictions for possession of marijuana on school grounds or possession of concentrated cannabis) that are more than two years old; or (2) any information concerning a referral to, and participation in, any pretrial or post trial diversion program.

No Yes If yes, please provide the following for each incident:

Date of Conviction	Location	Penal Code Section	Explanation (attach a separate sheet if necessary)

Please be advised that members of the Workforce Development Board:

- **May be required to take an Oath of Office.**
- **Must comply with the County’s Ethics Ordinance.**
- **Must participate in State-mandated ethics training.**
- **Must disclose financial interests as required by the County Code (Form 700).**
- **Must report any conflicts of interest as required by the County Code.**

I hereby certify that all statements in this Application are true and complete to the best of my knowledge and execute this Application under penalty of perjury. I further certify that if I am appointed, I will serve fairly, impartially, and to the best of my ability.

Signature

Date

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Please submit completed application and nomination form (if applicable) to:

Workforce Development Department
Attn: Devra Bell

Email submission preferred:
Devra.bell@wdd.sbcounty.gov

or

Mail hard copies to:
290 North D Street, Suite 600
San Bernardino, CA 92415-0046

County Use Only – Do Not Write Below This Line

Workforce Development Department

Date Received: _____	Received By: _____	Date of Eligibility
Verification: _____		
Date Referred to COB: _____	For BOS District #: _____	

Clerk of the Board of Supervisors

Date Received: _____	Received By: _____	Date Referred to BOS: _____	BOS
District: _____			

Board of Supervisors

Date Received: _____	Received By: _____	
Interviewed By: _____	Interview Date: _____	Recommend to Appoint: <input type="checkbox"/> Yes <input type="checkbox"/> No
Chief of Staff: _____	Signature	Date: _____
Comments: _____		

