

Attachment 2

***Nomination Form for Board Members of the
Local Workforce Development Board***

This nomination form can also be completed online by using this link:

<https://forms.office.com/q/4LGUqY1aqj>

Nominating Organization Information

Name of Nominating Organization: _____

Contact Person: _____

Phone: _____

Email: _____

Check the box for the membership category you are applying for:

Business	<input type="checkbox"/>
Workforce	<input type="checkbox"/>
Education/Training	<input type="checkbox"/>
Economic/Community Development	<input type="checkbox"/>
Government	<input type="checkbox"/>

Nominee's Identifying Information:

Name: _____

Position/Title: _____

Business/Organization Represented: _____

Phone: _____

Email: _____

Number of Employees: _____

Street Address: _____

City: _____ State: HI

Zip Code: _____

1. List below or attach resume that describes education and work experience (paid or unpaid). Include past or present involvement in community-related activities, e.g. committees, volunteer work, commissions, boards, chambers of commerce.

2. List any experiences you feel would be advantageous to the Local Workforce Development Board (if not included in item 3):

3. If applicable, please list any other information that you feel would be pertinent:

By signing below, I certify that the information provided is truthful and correct to the best of my knowledge.

Nominator's Signature: _____

Print Name: _____

Nominee's Signature: _____

Print Name: _____

Date: _____