



Maricopa County
Workforce Development Board (WDB)

Nomination Application

Name: _____

Position/Title: _____

Business/Organization Representing: _____

Representation

Please complete the section relevant to the category that you represent:

Category 1: Business Representative

A. Select one of the following **Roles** that you fulfill:

- Business Owner
 Business Chief Executive Officer or Chief Operating Officer
 Other (Describe policy-making and/or hiring authority) _____

B. Select one of the following **Business Types** that you represent:

- Private Sector Large/For-Profit Business (500 employees or more)
 Private Sector Small/For-Profit Business (fewer than 500 employees)
 Organization Representing Business

C. Describe the **In-Demand Industry or Occupation** represented by your business:

D. Describe **Employment Opportunities** in the **In-Demand Industry or Occupation** provided by your business:

E. Describe the nature of your business and your position. Please include a description of your policy-making and hiring responsibilities within your organization, including the role you play in training and/or employee development:

F. Select **Organization Type** nominating you:

- Local Business Organization (List Org Name) _____
 Business Trade Association* (List Org Name) _____

*Association type must be affiliated with the in-demand industry represented by your business.

Category 2: Workforce Representative

A. Select one or more of the following **Organization Types** that you represent:

- Labor Organization
- Registered Apprenticeship Program (Joint Labor-Management or Union-Affiliated)
- Community-Based Organization (CBO) providing services to individuals with barriers to employment
- Youth Training, Employment, or Education Organization (WIOA-eligible Youth)

B. If you selected **Registered Apprenticeship Program** above, select one of the following **Roles** that you fulfill:

- Training Director
- Member of a Labor Organization (List Org Name) _____

C. If you selected **Community-Based Organization** above, describe the organization’s **Demonstrated Experience** addressing employment, training, and education needs to those with barriers to employment.

D. If you selected Youth Training, Employment, or Education Organization for Disconnected, describe the organization’s **Demonstrated Experience** addressing employment, training, and education needs to WIOA-eligible youth. Please state if the experience is serving in-school or out-of-school youth.

E. If you selected **Labor Organization** or **Registered Apprenticeship Program** above, list the **Local Labor Federation** nominating you: _____

Category 3: Other Representative

A. Select one of the following **Organization Types** in which you have optimum policy-making authority:

- Adult Education and Literacy Provider (WIOA Title II)
- Higher Education (Providing workforce development activities)
- Economic and Community Development Entity
- Wagner-Peyser (Arizona Department of Economic Security)
- Vocational Rehabilitation (Arizona Department of Economic Security)

B. Name of Organization nominating you: _____

Additional Information

Business/Organization Address: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Fax: _____
Mobile: _____
Email address: _____
Website address: _____
Business license number: _____

1. The Maricopa County Board of Supervisors values member diversity in geographic location, gender, and ethnicity. Briefly describe how your appointment would contribute to the diversity of the Workforce Development Board. (Response Optional)
2. Please list your current chamber and association memberships, the duration of each membership and the positions you currently hold:
3. Please list any professional award(s) or recognition you have received within the last 5 years:

Maricopa County WDB Related Questions

Please answer the following questions and attach any additional pages, if necessary:

1. The purpose of the WDB is to provide strategic leadership and operational oversight to Maricopa County's workforce development system through building partnerships, developing career pathways, and providing high-quality workforce development services. What knowledge skills, and abilities do you have that would assist the WDB in effectively achieving this?"
2. Membership on the Maricopa County WDB requires that each member attend a full WDB meeting every month, attend training sessions for board members and become an advocate for workforce development. The time commitment for these activities ranges from 4 to 10 hours per month. Can you make this time commitment?
Yes No
3. Serving on a subcommittee of the Maricopa County WDB is strongly encouraged. The time commitment for this activity ranges from 3 to 4 hours per month. Can you make this time commitment? Yes No
4. Why do you wish to serve on the Maricopa County WDB? *(Describe in 100 words or less)*

References

Please list professional references below.

Professional Reference:

Name: _____ Title: _____
Company: _____ Phone: _____

Professional Reference:

Name: _____ Title: _____
Company: _____ Phone: _____

Professional Reference:

Name: _____ Title: _____
Company: _____ Phone: _____

Additional Required Documentation

- Nomination Letter: Please include a letter from a senior executive of the nominating organization you listed above in your category of representation.
- Current Resume

Signature and Acknowledgement

I, the undersigned, certify that the information on this application is true and correct to the best of my knowledge and that, if appointed to serve, I will do so to the best of my ability and in the best interest of Maricopa County and its citizens.

Signature: _____ Date: _____

Please submit applications to the WDBrecruitment@maricopa.gov.

For more information about the Maricopa County Workforce Development Boards visit: www.maricopa.gov/378

To be completed by County official only

Date received by Maricopa County: _____ Received by: _____