

## Local Workforce Development Board Member Nomination Form

Reference [1.4.2 Local Board Membership](#) policy when completing this form.

### Section 1: Nominee Information Local Workforce Development Area: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Job Title: \_\_\_\_\_

Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

# of Employees: \_\_\_\_\_ Industry Sector: \_\_\_\_\_

Business Address: \_\_\_\_\_ County: \_\_\_\_\_

Nominee completed a current Conflict of Interest form: ☐ Yes ☐ No

*(Conflict of Interest form must be provided to Iowa Workforce Development at Certification)*

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

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Local Workforce Development Board category the nominee represents:

*(Check one category and type of organization under that category)*

☐ Business

☐ Small Business (as defined by the U.S. Small Business Administration)

☐ Business

☐ Workforce

☐ Labor Organization

☐ Labor Organization or Training Director from an Apprenticeship Program

☐ Community-Based Organization serving individuals with barriers to employment with employment, training, or education needs

☐ Organization serving youth with employment, training, or education needs

☐ Employment & Training

☐ Adult Education and Literacy

☐ Institution of Higher Education providing workforce activities (including Community Colleges)

☐ Government

☐ Economic and Community Development Entity

☐ State Wagner-Peyser Act Representative

☐ Vocational Rehabilitation Representative

☐ Other: \_\_\_\_\_

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### Section 2: Nominator Information

Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_

*The nominee must serve as either owner, chief executive or operative officer, other type of executive officer, or a person with optimum policymaking or hiring authority within the entity they represent.*

Does the nominee qualify? ☐ Yes ☐ No

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

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 3: 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 Establishment of Local Boards, 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: \_\_\_\_\_

### Section 4: Action by Iowa Workforce Development

Appointment is: ☐ Affirmed ☐ Denied

Signature of IWD Representative: \_\_\_\_\_ Date: \_\_\_\_\_

### Legal References

- [WIOA sec. 107\(h\)](#)