

New Member Application

Name		Job Title:		
Place of Employment:			County:	
Work Address:		City:	ST:	Zip:
Work Phone:	Work Fax:	Cell Phone:	Email Address:	
Contact person name (if different from applicant): <input type="checkbox"/> NA		Contact person phone:		Contact person e-mail
Personal References				
(1)	Name:			
	Address:		City:	ST: Zip:
	Work Phone (include area code):	Home Phone (include area code):		
(2)	Name:			
	Address:		City:	ST: Zip:
	Work Phone (include area code):	Home Phone (include area code):		
State your reasons for applying to serve on the Workforce Innovation Board of Ramsey County (WIB):				
In what cities or communities do you provide services, and what services are provided:				

Optional:	In an attempt to ensure WIB representation reflects the makeup of our community, knowledge of the following information is helpful. However, completion of this information is voluntary.		
<input type="checkbox"/> White (Caucasian)	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian or Alaskan Eskimo	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Veteran	
If special accommodations are needed, please specify:			

<p>Public Information: <i>(The data in this box is public and, therefore, available to the public.)</i> Please check all that apply.</p>	
<p><input type="checkbox"/> Business <i>(Nominated by local business organizations and/or business trade associations)</i> <u>Please attach your nomination letter</u></p>	
<p>→ Please indicate company size by number of employees <input type="checkbox"/> <5 <input type="checkbox"/> 5 < 20 <input type="checkbox"/> 20 < 50 <input type="checkbox"/> 50 < 250 <input type="checkbox"/> 250+</p>	
<ul style="list-style-type: none"> • Business owner, chief executive or operating officer, and other executive or employer with optimum policymaking or hiring authority. • Represents a chamber of commerce 	<ul style="list-style-type: none"> • Represents business with employment opportunities that reflect the local area
<p><input type="checkbox"/> Community-Based Organization, defined as a nonprofit organization</p>	
<ul style="list-style-type: none"> • Representative of communities or significant segments of communities providing job training • Agency serving youth • Agency serving displaced homemakers • Other: 	<ul style="list-style-type: none"> • Organization serving non-reservation Indian and tribal government • Agency representing veterans • Agency representing individuals with disabilities
<p><input type="checkbox"/> Economic Development Agency</p>	
<ul style="list-style-type: none"> • Private sector 	<ul style="list-style-type: none"> • Public sector
<p><input type="checkbox"/> Education <i>(Nominated by regional or local education agencies, institutions, or organizations representing such local educational entities)</i> <u>Please attach your nomination letter</u></p>	
<ul style="list-style-type: none"> • Local educational entities (including K-12) • Local school boards 	<ul style="list-style-type: none"> • Postsecondary educational institutions • Entities providing adult education and literacy activities
<p><input type="checkbox"/> Labor <i>(Nominated by recognized state and/or local labor federations)</i> <u>Please attach your nomination letter</u></p>	
<p><input type="checkbox"/> One-Stop Workforce Center Partners, defined as the partners that carry out the following activities / programs (please check those that apply):</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Adult, Dislocated Worker, Youth, Job Corps, Native American and Veteran's Workforce (WIOA Title I) <input type="checkbox"/> Wagner-Peyser Act <input type="checkbox"/> Trade Adjustment Assistance (TAA) and NAFTA TAA (Trade Act of 1974 Title II) <input type="checkbox"/> Vocational Rehabilitation (Rehabilitation Act Title I) <input type="checkbox"/> Welfare-to-Work Programs (Social Security Act) <input type="checkbox"/> Senior Community Service Employment (Title V of the Older Americans Act) 	<ul style="list-style-type: none"> <input type="checkbox"/> Local Veterans' Employment Representatives and Disabled Veterans Outreach (Title 38, U.S.C.) <input type="checkbox"/> Adult Education and Literacy (WIOA Title II) <input type="checkbox"/> State Unemployment Compensation Laws (in accordance with applicable Federal laws) <input type="checkbox"/> Community Services Block Grant <input type="checkbox"/> Department of Housing and Urban Development
<p><input type="checkbox"/> Local Elected Official/ Representative <i>(City of St. Paul, Ramsey County)</i></p>	
<p><input type="checkbox"/> Member-At-Large</p>	

Public Information: <i>(The data in this box is public and, therefore, available to the public.)</i>			
Name:		County:	
Home Address:		City:	ST: Zip:
What skills, training and experience do you possess for WIB membership? Please attach a 1 to 2 page resume			

Mail, electronic mail, or fax your WIB Membership Application to:

Workforce Innovation Board of Ramsey County 2266 2nd Street North North Saint Paul, MN 55019	Fax: 651-266-9891 Rebecca.milbrandt@ramseycounty.us
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.....Terms are two years, commencing on the date of appointment and ending July 31.

.....The Workforce Innovation Board of Ramsey County’s regularly scheduled meetings are held the first Thursday,
every other month from 2:30 to 4:30 p.m. Members are expected to also serve on at least one standing committee.
Standing committee meeting schedules vary.

.....**The information on this application will be used to evaluate and select members of the Workforce Innovation**
**Board of Ramsey County. Applicants may decline to supply the requested information. However, except for**
**optional voluntary information, the failure to complete the application may result in it being discarded. This**
**data may be reviewed and used by Ramsey County and City of Saint Paul staff.**

Thank you for your interest!

For Office Use Only

.....Date Received _____ Date of Appointment _____ Resolution # _____

.....Commissioner District _____ City Council Ward _____