



Committee Membership Application

Public Information: *(The data on this page is public and, therefore, available to the public.)*

Name		County	
Home Address	City	ST	Zip

Please indicate your area(s) of interest and/or expertise (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Career Pathways/Sector Initiatives
<input type="checkbox"/> Employer Services
<input type="checkbox"/> Policy/Legislation
<input type="checkbox"/> Education/Training
<input type="checkbox"/> Services for the Disabled | <input type="checkbox"/> One-Stop/Workforce Center Operations
<input type="checkbox"/> Youth Services
<input type="checkbox"/> Economic Development
<input type="checkbox"/> Member Development/Engagement
<input type="checkbox"/> Other: |
|---|--|

What skills, training and experience do you possess for WIB Committee membership? Include employment, education and/or related volunteer experience. Please attach a one to two page résumé.

Please state your reasons for applying to serve on a WIB committee.

Optional: *In an attempt to ensure membership 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: _____ |
|--|--|

- Male Female

- Disabled If special accommodations are needed, please specify:

Private Information: <i>(The data in this box is private.)</i>						
Name			Job Title			
Place of Employment				County		
Work Address			City	ST	Zip	
Work Phone	Work Fax	Home Phone	Other Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell			
Email Address						
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)			

Email, mail or fax your Committee Membership Application to:

Workforce Innovation Board of Ramsey County
 2266 North Second St.
 North Saint Paul, MN 55109

Rebecca.milbrandt@co.ramsey.mn.us
 Fax: 651-266-9894
 Phone: 651-266-6004

The information on this application will be used to evaluate and select members of WIB committees. Applicants may refuse 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 _____ Committee Assignment _____

Commissioner District _____ Planning District _____ City Council Ward _____