



# Nomination Form

## Little Rock Workforce Investment Board



<b>1-Name (First, MI Last)</b>		<b>2-Date</b>	
<b>3-Street Address</b>		<b>12-Nominee Characteristics</b>	
<b>4-City</b>	<b>5-County</b>	Gender:    Male            Female	
<b>6-State</b>	<b>7-ZIP</b>	Race:	
<b>8-Home Phone (include area code)</b>	<b>9-Work Phone (include area code)</b>	White	Black
<b>10-FAX</b>	<b>11-E-Mail</b>	Hispanic	Amer. Indian
<b>14-Education Representative</b>		Native Alaskan	Asian
Title _____		Pacific Islander	Other
Institution _____		<b>13-Recommended for (see section number)</b>	
Local Education            Post-Secondary            Vocational Education		14--Education	
<b>15-Private Sector Business Representative</b>		15-Private Sector (Business)	
Title _____		16-Community Based Organization (CBO)	
Business _____		17-Economic Development	
Type of Business _____		18-Organized Labor	
		19-One-Stop Partner	
		20-Other	
<b>16-CBO Representative</b>		<b>18-Organized Labor Representative</b>	
Title _____		Minority-Owned Business            Yes    No	
Organization _____		Female-Owned Business	
<b>17-Economic Development Representative</b>		Urban            Suburban            Rural	
Title _____		Number of Employees _____	
<b>21-Nominator</b>		<b>19-One Stop Partner Representative</b>	
<i>I hereby recommend the above named person for membership on the Little Rock Workforce Investment Board</i>		Title _____	
Signature _____ Date _____		Partner/Entity _____	
Printed/Typed Name & Title Of Nominator _____		<b>20-Other Representative</b>	
Nominator Organization _____		Title _____	
Phone _____ FAX _____		Agency _____	
E-Mail _____		<b>For Office Use:</b>	
		<b>Action by Local Chief Official</b>	
		Subject to certification by Section 117 of the Workforce Investment Act of 1998, the person nominated herein has been duly appointed to the Little Rock Workforce Investment Board by the Chief Elected Official	
		Term of Appointment: FROM _____ TO _____	