

**WORKFORCE INVESTMENT BOARD
SUPPLEMENTAL APPLICATION FORM**

1. Name of Applicant: _____

2. Category for which Applicant is applying:

| | |
|------------------------------------|---|
| Private Sector _____ | Economic Development Organization _____ |
| Education _____ | Native American Programs _____ |
| Community Based Organization _____ | Migrant Seasonal Farmworker Program _____ |
| Vocational Rehabilitation _____ | Housing Authority _____ |
| Economic Development _____ | Employment Development Department _____ |
| Labor _____ | Job Corp _____ |
| Human Services Agency _____ | WIA/Chief Elected Official Rep _____ |

3. Organizational affiliation or business position which qualifies applicant for WIB membership:

Title or Position: _____
Business or Agency: _____
Address: _____

Phone: (209) _____ Fax: (209) _____ E-mail: _____

4. Other qualifying organizational affiliations or experience: _____

5. Previous experience with employment and training programs: _____

6. Nominating Agency: _____

Attach copy of Board or other nominating action.

Phone: (209) _____ Fax: (209) _____ E-mail: _____

SIGNATURE OF NOMINATING AGENCY REPRESENTATIVE

DATE