

**SAN JOAQUIN COUNTY
WORKFORCE DEVELOPMENT BOARD (WDB)
SUPPLEMENTAL APPLICATION FORM**

1. Name of Applicant: _____

2. Category for which Applicant is applying (corresponding to WDB Fact Sheet):

A. Business A. Small Business

B. Labor B. Registered Apprenticeship

B. CBO (addressing employment needs of individuals with barriers to employment)

B. Youth (addressing employment, training or education needs of eligible youth, including out-of-school youth)

C. Adult Education and Literacy C. Institution of Higher Education

D. Economic and Community Development D. Employment Development Department

D. Department of Rehabilitation

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

Title and Primary Job Function: _____

Name of Business or Agency: _____

Function of Business: _____

For Business, Priority Sector Represented: Agri-business Energy

Healthcare Logistics Advanced Manufacturing Public Sector Infrastructure

Approximate number of local employees: _____

Business Address: _____ Website: _____

Phone: _____ Fax: _____ E-mail: _____

4. Previous experience with Category (#2 above) for which you are applying:

5. Other qualifying organizational affiliations or experience:

6. Nominating Agency: _____

*****Attach copy of Board or other nominating action.**

PRINT NAME OF NOMINATING AGENCY REPRESENTATIVE

TITLE

SIGNATURE OF NOMINATING AGENCY REPRESENTATIVE

DATE

Phone: _____ Fax: _____ E-mail: _____

(EEDD 8/2017)