

SOUTHWEST MINNESOTA WORKFORCE DEVELOPMENT BOARD NOMINATION FORM

Name of Nominee: _____

Employer/Title/Business Position _____

Contact Information

- **Work Phone:** _____
- **Cell:** _____
- **E-Mail Address:** _____
- **Mailing Address:** _____

Professional/Personal Qualifications (employment; education; community involvement; etc.).

Why I am interested in serving on the Workforce Development Board:

Category of Representation:

- **Private Sector:** _____ COUNTY
- **At-Large Position:**

<ul style="list-style-type: none"> ___ <i>Economic Development</i> ___ <i>Labor</i> ___ <i>Education</i> ___ <i>Public Assistance</i> 	<ul style="list-style-type: none"> ___ <i>Community Based</i> ___ <i>Other (Specify)</i>
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Nominating Organization (if appropriate): _____

I consent to having my name placed in nomination for the Southwest Minnesota Workforce Development Board.

Signature of Applicant

Date

Signature of Local Business Organization Representative

Date