

# Form A

Commonwealth of Virginia  
Virginia Employment Commission  
**Workforce Investment Act**



# NOMINATION FORM

Local Workforce Investment Board



<b>1-Name</b> (First, MI, Last) _____		<b>2-Local Workforce Investment Area (LWIA)#</b> _____	<b>3-Date</b> _____
<b>4-Street Address</b> _____		<b>13-Nominee Characteristics</b> Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Race: White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>  <b>14-Recommended for</b> (see section number) 16-Community-Based Organization (CBO) <input type="checkbox"/> 17-Private Sector (Business) <input type="checkbox"/> 18-Education <input type="checkbox"/> 19-Economic Development <input type="checkbox"/> 20-Organized Labor <input type="checkbox"/> 21-One-Stop Partner <input type="checkbox"/> 22-Other <input type="checkbox"/>	
<b>5-City</b> _____	<b>6-County</b> _____		
<b>7-State</b> _____	<b>8-ZIP</b> _____		
<b>9-Home Phone</b> (include area code) _____	<b>10-Work Phone</b> (include area code) _____		
<b>11-FAX</b> _____	<b>12- E-Mail</b> _____		
<b>15-LWIA Name</b> _____			
<b>16-CBO Representative</b> _____ <div style="display: flex; justify-content: space-between;"> <span>Title _____</span> <span>Organization _____</span> </div>			
<b>17-Private Sector (Business) Representative</b> Title _____ Yes No Business _____ Minority-Owned Business <input type="checkbox"/> <input type="checkbox"/> Female-Owned Business <input type="checkbox"/> <input type="checkbox"/> Type of Business _____ Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Number of Employees _____			
<b>18-Education Representative</b> Title _____ Institution _____ Local Ed. <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Voc. Ed. <input type="checkbox"/>		<b>20-Organized Labor Representative</b> (Please specify local labor council or building and trades council of affiliation) _____	
<b>19-Economic Development Representative</b> Title _____		<b>21-One-Stop Partner Representative</b> Title _____ Partner/Entity _____	
<b>23-Nominator</b> <i>I hereby recommend the above named person for membership on the Local Workforce Investment Board for LWIA # _____.</i>  _____ Signature Date  _____ Printed/Typed Name & Title of Nominator  _____ Nominator Organization  _____ Phone FAX  _____ E-Mail		<b>22-Other Representative</b> Title _____ Agency _____	
		<b>24-Action by Chief Local Elected Official</b> Subject to certification required by Section 117 of the Workforce Investment Act of 1998 and Policy 99-2 of the Virginia Workforce Council, the person nominated herein has been duly appointed to the Local Workforce Investment Board by the Chief Elected Officials of LWIA # _____ Term of Appointment: FROM _____ TO _____  _____ Signature of Chief Local Elected Official Date	