

## 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"> <li>___ <i>Economic Development</i></li> <li>___ <i>Labor</i></li> <li>___ <i>Education</i></li> <li>___ <i>Public Assistance</i></li> </ul>	<ul style="list-style-type: none"> <li>___ <i>Community Based</i></li> <li>___ <i>Other (Specify)</i></li> </ul>
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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**

**Email/Scan Nomination Form To:** [cbendix@swmnpic.org](mailto:cbendix@swmnpic.org)

*Revised 1/2024*