

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:**

_____ <i>Economic Development</i>	_____ <i>Community Based</i>
_____ <i>Labor</i>	_____ <i>Other (Specify)</i>
_____ <i>Education</i>	_____
_____ <i>Public Assistance</i>	

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

Revised 1/2024