# LOCAL WORKFORCE DEVELOPMENT BOARD

# NOMINATION SLATE 10/2023 Accessible Word Version

Instructions:
Please **TYPE** the appropriate information after each colon.
Use arrow keys to navigate to next line.
Please use Ctl-Enter if line breaks are needed to avoid renumbering.

## Nominee Information

1. Workforce Area:
2. Name of Nominee:
3. Organization Representing:
4. Position/Title:
5. FULL Mailing Address:
6. Daytime Phone Number:
7. Email:
8. Gender: (Type an X after the colon next to the nominee’s gender.)
	1. Male:
	2. Female:
9. Race: (Type an X after the colon next to the nominee’s race.)
	1. White:
	2. Asian:
	3. Black/African American:
	4. American Indian/Alaska Native/Native Hawai’ian:
	5. Other Race:
10. Does candidate consider themselves of Hispanic/Spanish/Latino Origin? (Type an X after the yes or no colon.)
	1. Yes:
	2. No:
11. Reference Item 3: (Enter any applicable Employer TWC Tax Account Number(s) after each colon.)
	1. TWC Tax Account Number:
	2. TWC Tax Account Number:
	3. TWC Tax Account Number:
12. Total Number of Employees associated with Employer TWC Tax Account Numbers listed in Item 11, if known (enter number after the colon):
13. Please indicate the Workforce Board category the nominee represents (Type an X after the colon to indicate the category. **Choose Only One Category**)
	1. Private Sector Large For-Profit Business (=500 employees or more):
	2. Private Sector Small For-Profit Business (fewer than 500 employees):
	3. Other Private Sector:
	4. Education:
	5. Literacy Council:
	6. Economic Development:
	7. Vocational Rehabilitation:
	8. Public Employment Service (TWC):
	9. Adult Basic and Continuing Education:
	10. Organized Labor:
	11. Community-Based Organization (CBO):
	12. Public Assistance:
	13. Child Care Workforce:
14. **Special Board Requirements:** Is the nominee a **veteran and actively engaged** in the field of veterans’ affairs or services (Type an X after the colon to indicate yes or no):
	1. Yes:
	2. No:
15. **Name of Nominating Organization:**
16. Nominating Organization Address:
	1. Street Address or P.O. Box:
	2. City:
	3. State:
	4. ZIP Code:
17. Phone Number(s):
18. Signature of Nominating Organization—President, Director, or other official:
	1. Date of Signature:
	2. Typed Name:
	3. Typed Title:

Individuals may receive, review, and correct information that TWC collects about the individual by emailing open.records@twc.texas.gov or writing to TWC Open Records, Rm. 266, 101 East 15th St., Austin, TX 78778-0001.

Website Link: [Resources for Boards - Texas Workforce Commission](https://www.twc.texas.gov/agency/workforce-development-boards/resources) Go to Workforce Development Board Membership.