

**H-200: Nomination Slate**

**Local Workforce Development Board Nomination Slate**

PLEASE TYPE OR PRINT

1. Workforce Area: \_\_\_\_\_

2. Name of Nominee: \_\_\_\_\_

3. Organization Representing \_\_\_\_\_

4. Position/Title: \_\_\_\_\_

5. Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

6. Telephone Number \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

7. E-mail: \_\_\_\_\_

8. Gender:  Male  Female

9. Race: What is the nominee's race? Mark one or more races to indicate what the nominee considers himself/herself to be.

- White  Black/African American/Negro  Chinese  Korean
- Asian Indian  American Indian/Alaska Native  Samoan  Japanese
- Vietnamese  Guamanian or Chamorro  Filipino
- Native Hawaiian  Some Other Race \_\_\_\_\_

10. Hispanic Origin: Is the nominee Spanish/Hispanic/Latino?

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano  Yes, Puerto Rican
- Yes, other Spanish/Hispanic/Latino, specify: \_\_\_\_\_  Yes, Cuban

11. Reference Item 3. Please list any applicable **Employer TWC Tax Account Number(s)**:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

12. **Total Number of Employees** associated with Employer TWC Tax Account Numbers listed in Item 11: \_\_\_\_\_

13. Please indicate the Workforce Board category the nominee represents (**Check Only One**):

- |  |                          |
|--|--------------------------|
| Private Sector Large/For-Profit Business (large 500 employees or more) ..... | <input type="checkbox"/> |
| Private Sector Small/For-Profit Business (fewer than 500 employees) .....    | <input type="checkbox"/> |
| Other Private Sector .....   | <input type="checkbox"/> |
| Education .....  | <input type="checkbox"/> |
| Literacy Council .....   | <input type="checkbox"/> |
| Economic Development .....   | <input type="checkbox"/> |
| Vocational Rehabilitation .....  | <input type="checkbox"/> |
| Public Employment Service (TWC) .....  | <input type="checkbox"/> |
| Adult Basic and Continuing Education .....                                   | <input type="checkbox"/> |
| Organized Labor [20 C.F.R. §628.410(a)(3)] .....                             | <input type="checkbox"/> |
| Community-Based Organization (CBO) .....                                     | <input type="checkbox"/> |
| Public Assistance .....  | <input type="checkbox"/> |

**Special Board Requirements** - Indicate, if applicable:

- 14. Nominee has **expertise in child care or early childhood education** .....
- 15. Nominee is a **veteran AND is actively engaged** in the field of veterans affairs or services .....

*Chief Elected Official's Membership Guide for Local Workforce Development Boards*

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16. \_\_\_\_\_  
Name of Nominating Organization

17. \_\_\_\_\_  
Street Address or P.O. Box of Nominating Organization      City      State      Zip

18. \_\_\_\_\_  
Telephone Number      Fax

19. \_\_\_\_\_  
Signature, Nominating Organization - President, Director, or other official      Date of Signature

20. \_\_\_\_\_  
Print or Type Name      Print or Type Title

Individuals may receive, review and correct information that TWC collects about the individual by emailing to [open.records@twc.state.tx.us](mailto:open.records@twc.state.tx.us) or writing to TWC Open Records, Rm 266, 101 East 15th St., Austin, TX 78778-0001.