

## **Utah State Workforce Development Board**

## **Nomination Application**

Applicant Information	
Name:	Address:
Phone:	Email address:
Owner of bu employer w	eck all that apply): usinesses, chief executive or operating officer of businesses, or other business executive or ith policymaking or hiring authority.
Representat high-quality	ive of businesses, including small businesses, that provide employment opportunities that include , work-relevant training and development in in-demand industry sectors or occupations in the state es of job openings your company usually posts and your business' industry:
•	tive of labor organization ganization:
	rive from a registered apprentice program ganization:
addressing t	tive of a community-based organization that has demonstrated experience and expertise in the employment, training or educational needs of individuals with barriers to employment ganization:
employmen school yout	tive of an organization that has demonstrated experience and expertise in addressing the at, training, or educational needs of eligible youth, including organizations that serve out-of-h
Elected offic	cial that represents a city or a county
<b>Background</b> What do you bri	ing to the State Workforce Development Board? (e.g. interest, experience, knowledge, etc.).
This section sho	vour resume to this form.  ould be filled out by the board member nominating you  by:
	ns you are nominating this individual for SWDB membership. ual has been asked to complete the online application for the Governor's approval.

This individual submitted a resume.