

Lehigh Valley Workforce Investment Board, Inc.

Membership Application

Private Information: <i>(The data in this box is private.)</i>						
Name			Job Title			
Place of Employment				County		
Work Address			City	ST	Zip	
Work Phone	Work Fax	Home Phone		Email Address		
Contact person name		Contact person phone		Contact person e-mail		
Personal References						
(1)	Name					
	Address			City	ST	Zip
	Work Phone (include area code)		Home Phone (include area code)			
(2)	Name					
	Address			City	ST	Zip
	Work Phone (include area code)		Home Phone (include area code)			
What are your reasons for wanting to serve on the WIB?						
<hr/> <hr/>						
In what cities or communities do you provide services? What services are provided?						
<hr/> <hr/> <hr/>						

Optional:	<i>In an attempt to ensure Board representation reflects the makeup of our community, knowledge of the following information is helpful. However, completion of this information is voluntary.</i>				
<input type="checkbox"/> White (Caucasian)	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian or Alaskan Eskimo			
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Male	<input type="checkbox"/> Female				
<input type="checkbox"/> Disabled	If special accommodations are needed, please specify:				
<input type="checkbox"/> Veteran					

Public Information: *(The data in this box is public and, therefore, available to the public.)*

LVWIB is recruiting individuals to represent various categories. Applications will continue to be accepted for future vacancies as well. Please indicate below the category or categories you can represent on the WIB. **Please note: Business, Education or Labor positions require a nomination letter as described below:**

Business, defined as for-profit *(Nominated by local business organizations and/or business trade associations – attach your nomination letter.)*

→ Please indicate company size by number of employees ___<5 ___5-<20 ___20-<50 ___50-<250 ___250+

- Business owner, chief executive or operating officer, and other executive or employer with optimum policymaking or hiring authority.
- Represent a chamber of commerce
- Represent business with employment opportunities that reflect the local area
- Represent the health care industry

Community-Based Organization, defined as nonprofit organizations

- Representative of communities or significant segments of communities providing job training
- Agency serving youth
- Agency serving displaced homemakers
- Other: _____
- Organization serving non-reservation Indian and tribal government
- Agency representing veterans
- Agency representing individuals with disabilities

Economic Development Agency

- Private sector
- Public sector

Education *(Nominated by regional or local education agencies, institutions, or organizations representing such local educational entities – attach your nomination letter.)*

- Local educational entities (including K-12)
- Local school board
- Entities providing adult education and literacy activities
- Postsecondary educational institutions
- Other: _____

Labor *(Nominated by recognized state and/or local labor federations – attach your nomination letter.)*

One-Stop Workforce Center Partners, defined as the partners that carry out the following activities / programs (please check those that apply):

- | | |
|--|---|
| <input type="checkbox"/> Adult, Dislocated Worker, Youth, Job Corps, Native American and Veteran's Workforce (WIA Title I) | <input type="checkbox"/> Local Veterans' Employment Representatives and Disabled Veterans Outreach (Title 38, U.S.C.) |
| <input type="checkbox"/> Wagner-Peyser Act | <input type="checkbox"/> Adult Education and Literacy (WIA Title II) |
| <input type="checkbox"/> Trade Adjustment Assistance (TAA) and NAFTA TAA (Trade Act of 1974 Title II) | <input type="checkbox"/> State Unemployment Compensation Laws (in accordance with applicable Federal laws) |
| <input type="checkbox"/> Vocational Rehabilitation (Rehabilitation Act Title I) | <input type="checkbox"/> Community Services Block Grant |
| <input type="checkbox"/> Welfare-to-Work Programs (Social Security Act) | <input type="checkbox"/> Department of Housing and Urban Development |
| <input type="checkbox"/> Senior Community Service Employment (Title V of the Older Americans Act) | |

Local Elected Official/ Representative *(City of Lehigh and Northampton County)*

Public Information: <i>(The data in this box is public and, therefore, available to the public.)</i>			
Name		County	
Home Address	City	ST	Zip
What skills, training and experience do you possess for WIB membership? Please attach a 1- to 2-page resume. <hr/> <hr/> <hr/> <hr/>			

Mail or fax your WIB Membership Application to:

Lehigh Valley Workforce Investment Board, Inc.
 1601 Union Boulevard
 P.O. Box 20490
 Lehigh Valley, PA 18002-0490

Fax: 610-437-5627
 Phone: 610-432-4087

Terms are normally two years, commencing on the date of appointment and ending July 31.

The Workforce Investment Board's regularly-scheduled meetings are held the third Tuesday, every other month from 7:30 to 9:00 a.m. Members are expected to also serve on at least one standing committee. Standing committee meeting schedules vary.

The information on this application will be used to evaluate and select members of the Workforce Investment Board (WIB). Applicants may refuse to supply the requested information. However, except for optional voluntary information, the failure to complete the application may result in it being discarded. This data may be reviewed and used by Lehigh Valley Workforce Investment Board, Inc. staff.

Thank you for your interest!

For Office Use Only

Commissioner District _____ Planning District _____ City Council Ward _____