

PART G-300: FORMS

G-300.1: 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: _____ Home: _____

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"/>	Adult Basic and Continuing Education
Literacy Council	<input type="checkbox"/> Organized Labor [20 C.F.R. §628.410(a)(3)]
Economic Development..... <input type="checkbox"/>	<input type="checkbox"/> Community-Based Organization (CBO)
Vocational Rehabilitation..... <input type="checkbox"/>	<input type="checkbox"/> Public Assistance
Public Employment Service (TWC)..... <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.....

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 or writing to TWC Open Records, Rm 266, 101 East 15th St., Austin, TX 78778-0001.