

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: _____ 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"/> |
| 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

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.