ARIZONA@WORK™
NORTHEASTERN ARIZONA
Innovative Workforce Solutions

Serving Navajo, Apache and Gila Counties

INTEREST FORM FOR REPRESENTATION ON THE NORTHEASTERN ARIZONA INNOVATIVE WORKFORCE SOLUTIONS WORKFORCE DEVELOPMENT BOARD

The purpose of this application is to obtain information about qualifications and interest in serving on the Northeastern Arizona Workforce Development Board. Please attach a resume or biography to this application.

PERSONAL DATA

Name:_____

E-mail Address: _____

Residence Address: _____

Mailing Address: _____

Residence Phone: _____ Business Phone: _____

Occupation: _____

Employer: _____

Address: _____

_____

EDUCATION

Schools attended	Address	Date	Degree

EMPLOYMENT

List major employment chronologically beginning with present.

Dates	Employer	Position	Location

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RELATED ACTIVITIES

List volunteer activities, elective offices held, participation in organizations related to job training and other activities that may be relevant to your interest in serving the Local Workforce Investment Board.

Dates Activity/Office Location

_____

_____

_____

DESCRIPTION OF INTEREST

Category to Represent (Check One) _____ Business _____ Education _____One Stop Partner

_____ Organized Labor _____ Economic Development _____ Community Based Organizations

REFERENCES

1. _____

2. _____

3. _____

Signature **Date**

Please submit application with Bio or Resume to:

carla.fails@navajocountyaz.gov – **PO Box 2440, Show Low, AZ 85902**

For Internal Use Only

New Applicant / Recertification (Circle One)
Date Approved by Navajo Cty BOS_____
Membership Expires_____
Member Represents _____

Application Approved / Denied (Circle One)
Reason Denied _____
Original Approval Date _____