1-LWIB #21 / PPOINTMENT/REAPPOINTMENT FORM LOCAL WORKFORCE INVESTMENT BOARD							
2-Name 3-Representing Entity							
	ited Minehockers (habor)						
4-Street Address	5-City 6-County Representing Residence						
	County (if required)						
426 S. Walnut St	Taylocuille (if required)						
7-State 8-ZIP	12-Reason for Submission						
9-Phone (217)529-8301 10-Fax (217)529-	Appointment Name of member being replaced:						
9-Phone (2/7) 529 830/ 10-Fax (2/7) 529-	9017 Lou Ashby						
11-Email	☐ Reappointment ☐ Recertification						
iodualiz@hotmeil.com	Employer change/ new contact information						
13-11tle and/or job duties demonstra ing optimum policy makin	g 14-Nominee Characteristics (Optional)						
authority (Attach additional pages If ner assary)							
Safety + Training Coordinator for be	以上)A Gender: Male □ Female □						
	Race: White ☐ Black ☐ American Indian ☐						
	Native American Asian						
	Pacific (slander Other						
15-Nominee Signature	curate and complete. I further acknowledge that my role as a Local						
Workforce Investment Board membe requires that I publicly disck	ose any conflict of interest, whether real or apparent, prior to discussion						
of that matter, and that I also abstain from voting on any such mat	ter. (Conflict of interest is a situation in which a person, such as a public official,						
an employee, or a professional, has a prh ate or personal interest sufficien	t to appear to influence the objective exercise of his or her official duties.)						
Signature S	Date Date						
O'grature V	Date						
Fill out appropriate sector section s) below	The control of the state of the state of the state of						
16-Economic Development Represer tative	17-Community Based Organization (CBO) Representative						
	Cardiac Physical Lawrence and Market and Mar						
18-Education Representative (nor ination form required for initial app sintment)	is the field of month out to						
19-Labor Representative (nomina ion form required for Initial							
appoint rent)							
20-Other Representative							
21-One-Stop Partner Representative Job Corps required for LWAs 9, 10 & 28	A A Marian						
Job duties must demonstrate expiritise relating to a program,	22-Business Representative (nomination form required for Initial						
service or activity of the one-stop partner	appointment)						
☐ WIA Title I (Specify Program(s below): Adult, Youth,	Number of employees in the local area:						
Dislocated Worker, Job Corp. I ative American, Migrant Seasonal Farm Worker (when prisent in the local area), Veteran's	Employment Opportunity (check only one):						
Ocasona: Pathi Worker (when pr sent in the librar area), Veter and	☐ Agriculture/Forestry/Fishing & Hunting NAICs Code						
☐ Wagner Peyser (Employment ∃ervice)	☐ Mining (Optional)						
Unemployment Insurance/Veterans, Title 38	☐ Construction/Utilities (refer to page						
Adult Education/Literacy, WIA Title II	Manufacturing 4 of instructions)						
Older Americans Act, Title V	☐ Wholesale/Retail						
Postsecondary Perkins	☐ Trade/Transportation/Warehousing						
CSBG Employment and Training (when present in the erea)	☐ Fin/Ins/Real Estate/Management ☐ Information/Professional & Tech Services						
☐ HUD Employment and Trainin I (when present in the area) ☐ TANF Employment & Training and Food Stamp	☐ Information/Professional & Tech Services ☐ Educational Services						
☐ Vocational Rehabilitation, Title IV	☐ Health Care & Social Assistance						
☐ Trade Act/NAFTA	☐ Entertainment/Accommodations/Food Service						
Other	☐ Administrative and Other Services/Public Administration						
23 - Term of Appointment							

1-LWIB #21	APPOINTMENT/REA			M.			
2-Name Darrell Bellm	78	tepresentin	g Entity	·			
Street Address 12 470 W MARD 1 CARLANGEL		5-City Carlinv		6-County Repre Macoupin	esenting	Residence County (If required)	
7-State IL Phone (2/7)473/6620	8-ZIP 62626-		12-Reason for Appointm	Submission nent Name of member being replaced:			
THE Title and/or job duties demonst.	AT NET	ng	☐ Employ	Intment er change/ new c	contact Info		
authority (Attach additional pages if i	icessary)	718	Gender: Race: W Hi Na		⊠ ⊠ Blac	erican Indian	
Nominee Signature certify the Workforce Investment Board member of that matter, and that I also abstall an employee, or a professional, has a professional signature	ir requires that I publicly disc i from voting on any such ma	lose any confi	complete. I fur inflict of interest lict of interest is a	rther acknowledg , whether real or situation in which a bjective exercise of	e that my apparent,	role as a Local prior to discussion th as a public official, ifficial duties.)	
Fill out appropriate sector section			ar ab s	And the second states of			
16-Economic Development Represe 18-Education Representative (no ap) 19-Labor Representative (nomine	Services Provided (must demonstrate expertise and effectiveness in the field of workforce investment):						
appoint	nent)					-	
20-Other Representative	Job Corps required for			-			
21-One-Stop Partner Representative Job duties must demonstrate expreservice or activity of the one-stop ☐ WIA Title I (Specify Program(s Dislocated Worker, Job Corp, I Seasonal Farm Worker (when pro	tWas 9, 10 & 26 rtise relating to a program, partner below): Adult, Youth, ative American, Migrant	Emp	oyment Opport	itive (nomination appointment of the control of the	ent) one):	ired for initial NAICs Code	
Wagner Peyser (Employment: Unemployment Insurance/Vete Adult Education/Literacy, WIA Older Americans Act, Title V Postsecondary Perkins CSBG Employment and Training HUD Employment and Training TANF Employment & Training Vocational Rehabilitation, Title Trade Act/NAFTA	ans, Title 38 Title II g (when present in the area) (when present in the area) and Food Stamp		ining onstruction/Utilit anufacturing /holesale/Retail rade/Transportat n/Ins/Real Estat formation/Profes ducational Servicealth Care & Societertainment/Acc	ies tion/Warehousing e/Management ssional & Tech Si ces	ervices	(Optional) (refer to page 4 of Instructions)	
23 - Term of Appointment			THE STATE OF THE S	11000			