

1-LWIB #21		APPOINTMENT/REAPPOINTMENT FORM	
LOCAL WORKFORCE INVESTMENT BOARD			
2-Name <u>D. Jody Hogg</u>		3-Representing Entity <u>United Mine Workers (Chaber)</u>	
4-Street Address <u>426 S. Walnut St</u>		5-City <u>Taylorville</u>	6-County Representing <input type="checkbox"/> Residence County (if required)
7-State <u>IL</u>	8-ZIP <u>62568</u>	12-Reason for Submission <input checked="" type="checkbox"/> Appointment Name of member being replaced: <u>Don Ashby</u>	
9-Phone (217) 529-8301		10-FAX (217) 529-9017	
11-Email <u>jodyah12@hotmail.com</u>		<input type="checkbox"/> Reappointment <input type="checkbox"/> Recertification <input type="checkbox"/> Employer change/ new contact information	
13-Title and/or job duties <u>demonstrating optimum policy making authority</u> (Attach additional pages if necessary) <u>Safety + Training Coordinator for UMW</u>		14-Nominee Characteristics (Optional) <input type="checkbox"/> Waived Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Race: White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
15-Nominee Signature I certify that the above information is accurate and complete. I further acknowledge that my role as a Local Workforce Investment Board member requires that I publicly disclose any conflict of interest, whether real or apparent, prior to discussion of that matter, and that I also abstain from voting on any such matter. (Conflict of interest is a situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties.) <u>D. Jody Hogg</u> Signature Date <u>4/7/08</u>			
Fill out appropriate sector section(s) below			
16-Economic Development Representative <input type="checkbox"/>		17-Community-Based Organization (CBO) Representative <input type="checkbox"/>	
18-Education Representative <input type="checkbox"/> (nomination form required for initial appointment)		Services Provided (must demonstrate expertise and effectiveness in the field of workforce investment):	
19-Labor Representative <input checked="" type="checkbox"/> (nomination form required for initial appointment)			
20-Other Representative <input type="checkbox"/>			
21-One-Stop Partner Representative <input type="checkbox"/> Job Corps required for LWAs 9, 10 & 28		22-Business Representative <input type="checkbox"/> (nomination form required for initial appointment)	
Job duties must demonstrate expertise relating to a program, service or activity of the one-stop partner <input type="checkbox"/> WIA Title I (Specify Program(s) below): Adult, Youth, Dislocated Worker, Job Corp, Native American, Migrant Seasonal Farm Worker (when present in the local area), Veteran's <input type="checkbox"/> Wagner Peyser (Employment Service) Unemployment Insurance/Veterans, Title 38 <input type="checkbox"/> Adult Education/Literacy, WIA Title II <input type="checkbox"/> Older Americans Act, Title V <input type="checkbox"/> Postsecondary Perkins <input type="checkbox"/> CSBG Employment and Training (when present in the area) <input type="checkbox"/> HUD Employment and Training (when present in the area) <input type="checkbox"/> TANF Employment & Training and Food Stamp <input type="checkbox"/> Vocational Rehabilitation, Title IV <input type="checkbox"/> Trade Act/NAFTA <input type="checkbox"/> Other		Number of employees in the local area: _____ Employment Opportunity (check only one): <input type="checkbox"/> Agriculture/Forestry/Fishing & Hunting <input type="checkbox"/> Mining <input type="checkbox"/> Construction/Utilities <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale/Retail <input type="checkbox"/> Trade/Transportation/Warehousing <input type="checkbox"/> Fin/Ins/Real Estate/Management <input type="checkbox"/> Information/Professional & Tech Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Entertainment/Accommodations/Food Service <input type="checkbox"/> Administrative and Other Services/Public Administration NAICS Code (Optional) (refer to page 4 of instructions)	
23 - Term of Appointment			
From: / / To: / /			

1-LWIB #21		APPOINTMENT/REAPPOINTMENT FORM			
		LOCAL WORKFORCE INVESTMENT BOARD			
2-Name Darrell Bellm		3-Representing Entity <u>BOWLING CENTER</u>			
4-Street Address <u>12470 W HARD RD</u> <u>CARLINVILLE</u>		5-City Carlinville		6-County Representing Macoupin <input type="checkbox"/> Residence County (If required)	
7-State IL		8-ZIP 62626		12-Reason for Submission <input checked="" type="checkbox"/> Appointment Name of member being replaced: _____ <input type="checkbox"/> Reappointment <input type="checkbox"/> Recertification <input type="checkbox"/> Employer change/new contact information	
9-Phone (217) 473-1662		10-Fax ()		14-Nominee Characteristics (Optional) <input type="checkbox"/> Waived	
11-E-Mail <u>DBELLM@FRONTIER1.NET</u>				Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Race: White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
13-Title and/or job duties <u>demonstrating optimum policy making</u> <u>authority</u> (Attach additional pages if necessary) <u>OWNER + OPERATOR OF BOWLING CENTER</u> <u>W/IN THAT INCLUDES BAR + DINING</u>					
15-Nominee Signature I certify that the above information is accurate and complete. I further acknowledge that my role as a Local Workforce Investment Board member requires that I publicly disclose any conflict of interest, whether real or apparent, prior to discussion of that matter, and that I also abstain from voting on any such matter. (Conflict of interest is a situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties.) <u>Darrell Bellm</u> Signature 5/12/10 Date					
Fill out appropriate sector section(s) below					
16-Economic Development Representative <input type="checkbox"/>			17-Community Based Organization (CBO) Representative <input type="checkbox"/>		
18-Education Representative <input type="checkbox"/> (nomination form required for initial appointment)			Services Provided (must demonstrate expertise and effectiveness in the field of workforce investment): _____ _____ _____		
19-Labor Representative <input type="checkbox"/> (nomination form required for initial appointment)					
20-Other Representative <input type="checkbox"/>					
21-One-Stop Partner Representative <input type="checkbox"/> Job Corps required for LWAs 9, 10 & 26 Job duties must demonstrate expertise relating to a program, service or activity of the one-stop partner <input type="checkbox"/> WIA Title I (Specify Program(s) below): Adult, Youth, Dislocated Worker, Job Corp, Native American, Migrant Seasonal Farm Worker (when present in the local area), Veteran's <input type="checkbox"/> Wagner Peyser (Employment Service) Unemployment Insurance/Veterans, Title 38 <input type="checkbox"/> Adult Education/Literacy, WIA Title II <input type="checkbox"/> Older Americans Act, Title V <input type="checkbox"/> Postsecondary Perkins <input type="checkbox"/> CSBG Employment and Training (when present in the area) <input type="checkbox"/> HUD Employment and Training (when present in the area) <input type="checkbox"/> TANF Employment & Training and Food Stamp <input type="checkbox"/> Vocational Rehabilitation, Title V <input type="checkbox"/> Trade Act/NAFTA <input type="checkbox"/> Other _____			22-Business Representative <input checked="" type="checkbox"/> (nomination form required for initial appointment) <u>Number of employees in the local area:</u> <u>8</u> Employment Opportunity (check only one): <input type="checkbox"/> Agriculture/Forestry/Fishing & Hunting NAICS Code <input type="checkbox"/> Mining (Optional) <input type="checkbox"/> Construction/Utilities (refer to page <input type="checkbox"/> Manufacturing 4 of instructions) <input type="checkbox"/> Wholesale/Retail <input type="checkbox"/> Trade/Transportation/Warehousing <input type="checkbox"/> Fin/Ins/Real Estate/Management <input type="checkbox"/> Information/Professional & Tech Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Health Care & Social Assistance <input checked="" type="checkbox"/> Entertainment/Accommodations/Food Service <input type="checkbox"/> Administrative and Other Services/Public Administration		
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