

Member Reappointment Application

Name		Job Title:		
Place of Employment:			County:	
Work Address:		City:	ST:	Zip:
Work Phone:	Cell Phone:	Email Address:		

Public Information: <i>(The data in this box is public and, therefore, available to the public.)</i>			
Name:		County:	
Home Address:	City:	ST:	Zip:
Home Phone:			
State your reasons for wanting to continue serving on the WIB:			
Have the cities or communities where you provide services or the services you provide changed? If so, briefly describe:			

Email, mail, or fax your WIB Reappointment Application to:	
Workforce Innovation Board of Ramsey County 2266 2 nd Street N. North Saint Paul, MN 55109	Fax: 651-266-6004 Rebecca.milbrandt@co.ramsey.mn.us

Terms are two years, commencing August 1 and ending July 31.

The information provided will be used to evaluate and reappoint members of the WIB. Applicants may decline to supply the requested information. However, failure to complete the application may result in it being discarded. This data may be reviewed and used by Ramsey County and City of Saint Paul staff.

For Office Use Only

Date Received _____ Date of Appointment _____ Resolution # _____