



County of Santa Cruz

167-263

BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4069
(831) 454-2200 FAX: (831) 454-3262 TDD: (831) 454-2123

JANET K. BEAUTZ
FIRST DISTRICT

WALTER J. SYMONS
SECOND DISTRICT

MARDI WORMHOUDT
THIRD DISTRICT

TONY CAMPOS
FOURTH DISTRICT

JEFF ALMQUIST
FIFTH DISTRICT

AGENDA: 8/3/99

July 21, 1999

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

RE: AT-LARGE APPOINTMENT TO PRIVATE INDUSTRY COUNCIL

Dear Members of the Board:

I recommend the appointment of the following person to the Private Industry Council (which has also received the designation of Interim Workforce Investment Board), **as** an at-large representative of post-secondary education, in accordance with County Code Chapter 2.108, Section 30, for a term to expire June 30, 2003:

Rock Pfothenauer
1115 Live Oak Avenue
Santa Cruz, CA 95062
462-6241 (H)
479-6482 (B)

Sincerely,

MARDI WORMHOUDT, Supervisor
Third District

MW:ted

cc: Rock Pfothenauer
Private Industry Council

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JUN 11 1999

APPLICATION FOR APPOINTMENT TO THE SANTA CRUZ COUNTY
PRIVATE INDUSTRY COUNCIL
FOR
JOB TRAINING PARTNERSHIP ACT

264

INSTRUCTIONS

If you are interested in serving on this council please complete the following application and supplement and return to the Private Industry Council Secretary, 1040 Emeline Avenue, Santa Cruz, California 95060.

Thank you for your interest in County Government.

Name Rock Pfothenauer

Address 1115 Live Oak Avenue
Santa Cruz, CA 95062

Phone (Home) 462-6241
(Business) 479-6482

Supervisorial District First

Length of Residence in Area 34 years

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

<u>Advisory Body</u>	<u>Term</u>
<u>Parks, Open Space & Cultural Services Commission</u>	<u>1975-1983</u>
<u>Soquel General Plan Citizens Committee</u>	<u>1972-1973</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

EDUCATION

<u>Institution</u>	<u>Major</u>	<u>Decree</u>	<u>Year</u>
<u>Soquel High School</u>			<u>1969</u>
<u>ucsc</u>	<u>Computer & Information Science</u>	<u>BA</u>	<u>1984</u>
<u>ucsc</u>	<u>Computer & Information Science</u>	<u>MA</u>	<u>1993</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
Cabrillo College	6500 Soquel Dr., Aptos	Dean, Career Education & Economic Development	1996 - Present
Cabrillo College	6500 Soquel Dr., Aptos	Instructor, Computer Science	1984 - 1996
Santa Cruz Area Chamber of Commerce		Board Member	1996 - Present
Coalition for Workforce Preparation		Member	1996 - Present
United Way Community Assessment Project		Steering Committee	1997 - Present

STATEMENT OF QUALIFICATIONS

Please attach a brief statement indicating why you are interested in serving on the advisory body in question and why you are qualified for the appointment.

CERTIFICATION

I certify that the information on this application and supplement is true and correct and I authorize the verification of the information in the application in the event I am a finalist for the appointment.



Signature

7/20/99

Date

For Private Sector Representatives Only:

Single Slate Nominee of local Santa Cruz County general business organization

Nominating Organization

Authorizing Signature

Date

PRIVATE INDUSTRY COUNCIL - APPLICATION SUPPLEMENT

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Name: Rock Pf otenhauer

Date: 7/20/99

Please provide the information requested below as it relates to the category of the Private Industry Council (PIC) nomination you are seeking.

Private Industry Council areas for nominations - Please check one box:

- 1. Education
 - Secondary Education } Circle One
 - Post-Secondary Education }
- 2. Public Service Employment
{Employment Development, EDD}
- 3. Vocational Rehabilitation
- 4. Organized Labor
- 5. Community Based Organization
- 6. Economic Development Agency
- 7. Public Assistance Agency
- 8. Business (Private Sector/Non-Governmental)

If you checked box 1 through 7, please complete the following:

- 9. Name of organization which nominated you. This organization may also be your employer.

Cabrillo College
Organization Name

- 10. If you checked box 8, please complete the following:

Name of Business

(a) Are you the Chief Executive or Owner Yes ___ No ___

(b) Are you the Chief Operating Officer Yes ___ No ___

(c) Do you have substantial management or policy responsibility Yes ___ No ___

(If you answered no to a, b, and c your application cannot be considered by the Board of Supervisors)

- (d) Number of employees at the Santa Cruz County facility _____
- (e) Is the business minority owned or operated Yes ___ No ___
- (f) Please check the box indicating which Chamber of Commerce is nominating you:
 - Aptos Capitola
 - San Lorenzo Valley Santa Cruz
 - Scotts Valley Soquel
 - W a t s o n v i l l e