

County of Santa Cruz

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

4/4/00 AGENDA:

March 23, 2000

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

> AT-LARGE APPOINTMENT TO THE PRIVATE INDUSTRY COUNCIL (ALSO KNOWN AS THE INTERIM WORKFORCE INVESTMENT BOARD)

Dear Members of the Board:

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

> Luanne Caffee 1925 46th Avenue, #40 Capitola, CA 95010 462-3819 (H) 476-4600 (B)

> > Sincerely,

WALTER J. SYMONS, Supervisor

Walt Symons

Second District

WJS:ted

Luanne Caffee

Private Industry Council

1953A2

APPLICATION FOR APPOINTMENT TO THE SANTA CRUZ COUNTY 02.18 INTERIM WORKFORCE INVESTMENT BOARD FOR WORKFORCE INVESTMENT ACT

INSTRUCTIONS

If you are interested in serving on this board, please complete the following application and supplement and return to the Interim Workforce Investment Board, C/o Human Resources Agency/CareerWorks, 1040 Emeline Avenue, Building E, Santa Cruz, California 95060.

Thank you for your interest in County Government. Luanne Caffee 1925 Hom Ave #40 **Name Address** Capitola, Ca 95010 (831)462-3819 (Home) Phone 1421) 476-4600 (Business) Supervisorial District 3.5 years Length of Residence in Area PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify) **Advisory Body** Term **EDUCATION** Year <u>Institution</u> 1991 1986

INTERIM WORKFORCE INVESTMENT BOARD - APPLICATION SUPPLEMENT

Name:	L	<u>ıanı</u>	ne Caffee	Date: _	March 20, 2000
	-		nformation requested below as it relates to t Board (IWIB) nomination you are seekin		tegory of the Interim
Interim	Workf	orce Inv	vestment Board areas for nominations - Pl	ease ch	eck one box:
1.	[1	Educat	ion Secondary Education }	Circle (One
2.	[1	Public	Post-Secondary Education } Service Employment {Employment Development, EDD}		
3.	[1	Vocation	onal Rehabilitation		
4.	[1	•	zed Labor		
5.	[1		unity Based Organization		
6.	[1		mic Development Agency		
7.	[1]		Assistance Agency		
8.	[W E	Busines	s (Private Sector/Non-Governmental)		
	If you	checke	d box 1 through 7, please complete the	following	:
9.	Name employ	•	nization which nominated you. This organ	ization n	nay also be your
			Organization Name		
			Organization Name		
10.	If you	checke	d box 8, please complete the following:		
			Sottschaens		
			Name of Business		
	(a)	_	u the Chief Executive or Owner		No 🖊
	(b)	Are yo	u the Chief Operating Officer (OSite)		
	(c)	-	u have substantial management or responsibility	Yes _v	No
(If you		red no	to a, b, and c your application cannot be	conside	red by the Board of
Ouper	(d)	Numbe	er of employees at the Santa Cruz County	facility	<u>100</u>
	(e)	Is the	business minority owned or operated	Yes	No <u>~</u>
	(f)	Please you:	check the box indicating which Chamber	of Com	merce is nominating
		Ĺ 1	Aptos	[1	Capitola
		[1	San Lorenzo Valley	[1	Santa Cruz

Faptts Valley

[1 Soquel

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	Position	<u>Year</u>
KWANIS	SantaBarbara	Pancave.	1995
		Bive Volunteer	
Fiziendu Visita	Ganta Cuiz	Volunteer	1998

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.

Manue Cappee	Marcu 20, 2000
Signature	Date

For Private Sector Representatives Only:

Single Slate Nominee of local Santa Cruz County General business organization

Nominating Organization

Authorizing Signature

Date

MAK 2000 NACTIVE Spard of Superviso

iwibapptform11299.wpd

Interest and Qualifications

- training 10+ years experience in recruiting and
- represents the largest employment demand Belong to Retail Business Sector which
- Desire to utilize my education, knowledge, in the county's employment needs. and experience that can make a difference



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0276

JANET K. BEAUTZ FIRST DISTRICT WALTER J. SYMONS SECOND DISTRICT

MARDI WORMHOUDT THIRD DISTRICT TONY CAMPOS FOURTH DISTRICT

JEFF ALMQUIST FIFTH DISTRICT

AGENDA: 4/4/00

March 20, 2000

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

RE: AT-LARGE APPOINTMENT TO THE PRIVATE INDUSTRY COUNCIL (ALSO KNOWN AS THE INTERIM WORKFORCE INVESTMENT BOARD)

Dear Members of the Board:

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

Janet M. Heien 7344 Mesa Drive Aptos, CA 95003 685-0627 (H) 763-3208 (B)

Sincerely,

WALTER J. SYMONS, Supervisor

Walt Symons

Second District

WJS:ted

cc: Janet Heien

Private Industry Council

1946A2

0277

APPLICATION FOR APPOINTMENT TO THE SANTA CRUZ COUNTY INTERIM WORKFORCE INVESTMENT BOARD

FOR WORKFORCE INVESTMENT ACT

INSTRUCTIONS

If you are interested in serving on this board, please complete the following application and supplement and return to the Interim Workforce Investment Board, C/o Human Resources Agency/CareerWorks, 1040 Emeline Avenue, Building E, Santa Cruz, California 95060.

Thank you for your	interest in Cou	unty Governmei	nt.		-
<u>Name</u>		JANET	m.	Heien	
Address .			MESA		
		APTO	s CA	95003	
<u>Phone</u>	(Home)	<u>(831)</u> (085-0	627	
	(Business)	(831)	163 -3	208	
Supervisorial Distric	<u>t</u>				
Length of Residence	e in Area	30 VEG	ARS		
PREVIOUS COMMIS	SSION OR COM	IMITTEE SERVI	ED (Please s	pecify)	
Advis	ory Bodv			<u>Term</u>	
NO PUBLIC:	SECTOY				
EDUCATION					
Institution	. (<u>Maior</u>	<u>Degre</u>		<u>Year</u>
WATSONVILLE	High	GENERAL	4 O3.	<u>ES</u>	
WATSONVILLE UNIVESITY	of the Pacific	rsychol Lista	34+	<u>3n</u>	
	, ,		,		

WORK/VOL	LINITEED	EXPERIE	NICE
WURN/VUL	UNIEER	CAPERIE	ハヘヒ

0278

Organizațion.	<u>Address</u>	<u>Position</u>	<u>Year</u>
LEAP/Leaders Emerging	Disbard 1998	Advisory Committee	1992-98
Skills Control Hope	2685 Matte Santa Cruz	Advisery Committee 1500 Lane Board manbe	1989-1999
	0		

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.

Şignatlure

Date

For Private Sector Representatives Only:

Single Slate Nominee of local Santa Cruz County General business organization

Nominating Organization

Authorizing Signature

3-15-00

Date

Name:		IM WORKFORCE INVESTMENT BOARD - APPLIC					
Please	provid	e the information requested below as it relates to restment Board (IWIB) nomination you are seeking	the ca		/		
Interim) Workf	orce Investment Board areas for nominations - PI	ease ch	eck one	e box:		
1. 2. 3. 4. 5. 6. 7. 8.	[1 V [1 [1 [1	Education Secondary Education Post-Secondary Education Public Service Employment {Employment Development, EDD} ocational Rehabilitation Organized Labor Community Based Organization Economic Development Agency Public Assistance Agency Business (Private Sector/Non-Governmental)	Circle (One			
9.	If you checked box 1 through 7, please complete the following: Name of organization which nominated you. This organization may also be your employer.						
		DRISCUL SteAwberra Organization Name	ies				
10.	If you	If you checked box 8, please complete the following:					
		DRI'S Cull'S Name of Business					
	(a)	Are you the Chief Executive or Owner	Yes		No <u>~</u>		
, -	(b) (c)	Are you the Chief Operating Officer Do you have substantial management or policy responsibility	Yes		No		
(If you Superv		·					
	(e)	Is the business minority owned or operated	Yes	_	No X		
	(f)	Please check the box indicating which Chamber you: [1	of Com	nmerce Capito Santa Soquel	la Cruz		

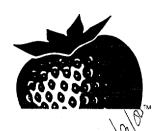
[1

Pajaro Valley

0280

MEMORANDUM

Driscols The Finest Berries in the World:



то:	D	ATE:	(
FROM:			

I am interested in Participating from an Engloyer Derspective to better the community. Drissoll's was involved in the Hire -A-Youth Program last year and it was a great program.