



Commonwealth of Virginia  
Workforce Innovation and Opportunity Act

**NOMINATION FORM**  
Local Workforce Development Board

1-Name (First, MI, Last) Mary M. Staubus		2-LWDA # 4	3-Date 06/26/18
4-Street Address 602 Riverside Drive		13-Nominee Characteristics Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Race: White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
5-City Bridgewater	6-County Harrisonburg City		
7-State Virginia	8-ZIP 22812		
9-Home Phone (include area code) (540) 828-0237	10-Work Phone (include area code) (540) 435-2223		
11-FAX	12-E-Mail mstaubus@montebellopkg.com	14-Recommended for (see section number)	
15-LWDA Name Shenandoah Valley Workforce Development Board		16-Labor/ CBO/ Apprenticeship <input type="checkbox"/>	
16-Labor/ CBO/ Apprenticeship Representative Title _____ Organization _____		17-Private Sector (Business) <input checked="" type="checkbox"/>	
17-Private Sector (Business) Representative Title _____ HR Payroll Specialist Business _____ Montebello Packaging Type of Business _____ manufacturing		18-Education <input type="checkbox"/>	
		19-Economic Development <input type="checkbox"/>	
		20-Organized Labor <input type="checkbox"/>	
		21-One-Stop Partner <input type="checkbox"/>	
		22-Optional/ Other <input type="checkbox"/>	
18-Education Representative Title _____ Institution _____ Local Ed. <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Voc. Ed. <input type="checkbox"/>		20-Organized Labor Representative Title _____ Affiliation _____	
19-Economic Development Representative Title _____		21-One-Stop Partner Representative Title _____ Partner/Entity _____	
23-Nominator I hereby recommend the above-named person for membership on the Local Workforce Development Board. <u>Lane Jackson</u> 7/30/2018 Signature Date <u>LANE JACKSON / PLANT MGR.</u> Printed/Typed Name & Title of Nominator <u>MONTABELLO PACKAGING</u> Nominator Organization <u>540-437-0119</u> <u>437-0123</u> Phone FAX <u>Ljackson@montebellopkg.com</u> E-Mail		22-Optional/ Other Representative Title _____ Agency _____	
		24-Action by Chief Elected Official Subject to certification required by Section 107 of the Workforce Innovation and Opportunity Act of 2014 and Policy 200-04 (2016) (Revised July 1, 2016) of the Virginia Board for Workforce Development, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Elected Officials. Term of Appointment: From <u>07/01/18</u> To <u>06/30/22</u> Signature of Chief Local Elected Official _____ Date _____	