

Commonwealth of Virginia
Workforce Investment Act



NOMINATION FORM A
Local Workforce Investment Board

1-Name (First, MI, Last) Andrew T. Breeding		2-LWIA # 4	3-Date 08/06/14
4-Street Address 3160 Abbott Lane		13-Nominee Characteristics	
5-City Harrisonburg	6-County Rockingham	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
7-State Virginia	8-ZIP 22801	Race:	
9-Home Phone (include area code) (540) 294-2905	10-Work Phone (include area code) (540) 432-3562	White <input checked="" type="checkbox"/> Black <input type="checkbox"/>	
11-FAX (540) 432-3563	12-E-Mail abreeding@tenneco.com	Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/>	
15-LWIA Name Shenandoah Valley Workforce Investment Board, Inc.		Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/>	
16-CBO Representative		Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
Title _____ Organization _____		14-Recommended for (see section number)	
17-Private Sector (Business) Representative		16-Community-Based Organization (CBO) <input type="checkbox"/>	
Title _____ Human Resources Manager		17-Private Sector (Business) <input checked="" type="checkbox"/>	
Business _____ Tenneco Automotive Operating Company Inc.		18-Education <input type="checkbox"/>	
Type of Business _____ Manufacturing		19-Economic Development <input type="checkbox"/>	
		20-Organized Labor <input type="checkbox"/>	
		21-One-Stop Partner <input type="checkbox"/>	
		22-Other <input type="checkbox"/>	
		Yes No	
		Minority-Owned Business <input type="checkbox"/> <input checked="" type="checkbox"/>	
		Female-Owned Business <input type="checkbox"/> <input checked="" type="checkbox"/>	
		Urban <input type="checkbox"/> Suburban <input checked="" type="checkbox"/> Rural <input type="checkbox"/>	
		Number of Employees _____ 650	
18-Education Representative		20-Organized Labor Representative	
Title _____		Title _____	
Institution _____		Affiliation _____	
Local Ed. <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Voc. Ed. <input type="checkbox"/>			
19-Economic Development Representative		21-One-Stop Partner Representative	
Title _____		Title _____	
		Partner/Entity _____	
23-Nominator		22-Other Representative	
I hereby recommend the above-named person for membership on the Local Workforce Investment Board.		Title _____	
Signature <u>Andrew T. Breeding</u> Date <u>8/8/14</u>		Agency _____	
Printed/Typed Name & Title of Nominator <u>ANDREW T. BREEDING</u>		24-Action by Chief Local Elected Official	
Nominator Organization <u>SELF-NOMINATION</u>		Subject to certification required by Section 117 of the Workforce Investment Act of 1998 and Policy 99-2 of the Virginia Workforce Council, the person nominated herein has been duly appointed to the Local Workforce Investment Board by the Chief Elected Officials.	
Phone <u>540-432-3562</u> FAX <u>540-432-3563</u>		Term of Appointment: From _____ To _____	
E-Mail <u>ABREEDING@TENNECO.COM</u>		Signature of Chief Local Elected Official _____ Date _____	