




Commonwealth of Virginia  
Workforce Innovation and Opportunity Act

**NOMINATION FORM**  
Local Workforce Development Board

<b>1-Name (First, MI, Last)</b> Wesley Dove		<b>2-LWDA #</b> 4	<b>3-Date</b> 07/20/17
<b>4-Street Address</b> 911 Chicago Ave		<b>13-Nominee Characteristics</b>	
<b>5-City</b> Harrisonburg	<b>6-County</b> Rockingham	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
<b>7-State</b> Virginia	<b>8-ZIP</b> 22802	Race:	
<b>9-Home Phone (include area code)</b> 540-810-7903	<b>10-Work Phone (include area code)</b> (540) 434-2589	White <input checked="" type="checkbox"/> Black <input type="checkbox"/>	
<b>11-FAX</b>	<b>12-E-Mail</b> Wesley Dove <wdove@blauchbrothers.com>	Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/>	
<b>15-LWDA Name</b> Shenandoah Valley Workforce Development Board		Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/>	
<b>16-Labor/ CBO/ Apprenticeship Representative</b>		Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
Title _____ Organization _____		<b>14-Recommended for (see section number)</b>	
<b>17-Private Sector (Business) Representative</b>		16- Labor/ CBO/ Apprenticeship <input type="checkbox"/>	
Title _____	Safety and Human Resources Manager	17-Private Sector (Business) <input checked="" type="checkbox"/>	
Business _____	Blauch Brothers, Inc.	18-Education <input type="checkbox"/>	
Type of Business _____	Mechanical contracting/residential plumbing	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"/>	
<b>18-Education Representative</b>		<b>20-Organized Labor Representative</b>	
Title _____	Institution _____	Title _____	Affiliation _____
Local Ed. <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Voc. Ed. <input type="checkbox"/>			
<b>19-Economic Development Representative</b>		<b>21-One-Stop Partner Representative</b>	
Title _____		Title _____	Partner/Entity _____
<b>23-Nominator</b>		<b>22-Optional/ Other Representative</b>	
I hereby recommend the above-named person for membership on the Local Workforce Development Board.		Title _____	
		Agency _____	
7/21/17			
Signature _____ Date _____		<b>24-Action by Chief Elected Official</b>	
Wesley Dove, Safety/Human Resources Mgr		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.	
Blauch Brothers, Inc		Term of Appointment: From 7/1/17 To 6/30/21	
Nominator Organization _____		Signature of Chief Local Elected Official _____ Date _____	
540-434-2589 540-434-3690			
Phone _____ FAX _____			
wdove@blauchbrothers.com			
E-Mail _____			