



Commonwealth of Virginia  
Workforce Innovation and Opportunity Act

**NOMINATION FORM**  
Local Workforce Development Board

1-Name (First, MI, Last) Mark K. Lauro		2-LWDA # #4	3-Date 06/25/18
4-Street Address 3160 Abbott Lane		13-Nominee Characteristics Gender: Male <input checked="" type="checkbox"/> Female <input 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 Harrisonburg	6-County US	14-Recommended for (see section number) 16- Labor/ CBO/ Apprenticeship <input type="checkbox"/> 17-Private Sector (Business) <input checked="" type="checkbox"/> 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"/>	
7-State Virginia	8-ZIP 22801		
9-Home Phone (include area code) (540) 810-5173	10-Work Phone (include area code) (540) 432-3776		
11-FAX	12-E-Mail mlauro@tenneco.com		
15-LWDA Name SVWDB			
16-Labor/ CBO/ Apprenticeship Representative Title _____ Organization _____			
17-Private Sector (Business) Representative Title _____ Human Resource Manager Business _____ Tenneco Type of Business _____ Aftermarket Exhaust Manufacturer		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 _____ 700	
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>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i> <u>Ricky Torain</u> <u>6/26/18</u> Signature Date Ricky Torain, Plant Manager Printed/Typed Name & Title of Nominator Tenneco Inc Nominator Organization (540) 434-2561 Phone FAX rlorain@tenneco.com 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>7/1/18</u> To <u>6/30/22</u> Signature of Chief Local Elected Official _____ Date _____	