



**2008-2010 MARICOPA WORKFORCE CONNECTIONS
NOMINATION & CANDIDATE INFORMATION FORM**

Date _____	(Self) Nominated by: _____ Telephone# _____
Candidate Name	
Name & Address of Employer	
Position Title	
Candidate Info	Telephone#: _____ Email: _____
Do you travel for work?	
Current or Prior Experience Working With Local/National Boards	In 100 words or less, please describe your involvement with Professional Boards, detailing your contributions to committees, projects and accomplishments.
Data Submission	Please send your completed form electronically to Sherri Connell at sconnell@mail.maricopa.gov .