

344 Salinas Street, Suite 101 | Salinas, CA 93901

Monterey County Workforce Development Board (WDB) Membership Application

Name:	Justin McIntire		Date Submitted: 4/18/2025		
Title:	District Administrator				
Busines	ss/Organization Name:	Department of Rehabilitation			
Repre	esentation				
В	Please select from or susiness	ne of the following categories that y	you represent: (Federal Register Section 679.320) Local Educational Entity		
	abor Organization		Community-Based Organization		
E	conomic Development		Wagner-Peyser		
✓ R	ehabilitation		Chief Elected Official/Board of Supervisors		
Busines	act Information ss/Organization Name:	Department of Rehabilitation			
City: S		State: California	Zip code: 93901		
Phone:			Fax: 805.560.8162		
Mobile:	:address: justin.mcintire@do	or on dov			
	e address: https://www.de				
	ss license number:	med.ge n			
	residence:				
Busin	ness Related Qu	estions			
Please a	inswer the following que	estions and attach any additional p	ages, if necessary:		
1. Nu	. Number of current employees: 17				
		ess in Monterey County:			
4. Ple	ease describe the nature	of your business and your positi	on: Employment Agency Providing Services to People with Disabilities		

5.	Please list your current chamber and association memberships, the duration of each membership and the positions you currently hold: N/A				
6.	Please list any professional award(s) or recognition you have received within the last 5 years: N/A				
7.	As a member of your business with optimum policy authority, please describe your responsibilities within your organization: Oversee operations for 7 offices throughout 4 counties ensuring job seekers obtain the services they need to obtain, maintain, and advance in their employment.				
M	Ionterey County WDB Related Questions				
Ple	ease answer the following questions and attach any additional pages, if necessary:				
1.	What do you hope to contribute from your participation on the Monterey County WDB Work in collaboration to advance the mission of the Monterey County WDB and while ensure people with disabilities are included.				
2.	What experience in the areas of fundraising, budget analysis, workforce policy development, youth services, knowledge of the labor market, and community involvement or linkages with educational agencies do you bring to the Monterey County WDB, as applicable?				
	I have experience in operations of the workforce system, collaborating with community partners, partnering with educational systems, and linking those organizations to business.				
3,	Membership on the Monterey County WDB requires that each member attend a full WDB meeting every two months, attend training sessions for board members and become an advocate for workforce development. The time commitment for these activities ranges from a minimum of 4 to 10 hours per month. Can you make that time commitment? Yes ✓ No ☐				
4.	Membership on the Monterey County WDB requires that each member serves on a sub-committee. The time commitment for this activity ranges from a minimum of 3 to 4 hours per month. Can you make that time commitment? Yes \(\subseteq \) No \(\subseteq \)				
5.	Why do you wish to serve on the Monterey County WDB? (Describe in 100 words or less) My goal is to serve job seekers and the business community to meet the needs of both entities while ensuring people with disabilities are fully included into the workplace.				
Si	gnature and Acknowledgement				
I, th if ap	e undersigned, certify that the information on this application is true and correct to the best of my knowledge and that, pointed to serve, I will do so to the best of my ability and in the best interest of Monterey County and its citizens.				
Sig	gnature: Date: 4/18/2025				