



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
Business/Organization Name: Department of Rehabilitation

Representation

Please select from one of the following categories that you represent: (*Federal Register Section 679.320*)

- | | |
|--|--|
| ☐ Business | ☐ Local Educational Entity |
| ☐ Labor Organization | ☐ Community-Based Organization |
| ☐ Economic Development | ☐ Wagner-Peyser |
| ☒ Rehabilitation | ☐ Chief Elected Official/Board of Supervisors |

Contact Information

Business/Organization Name: Department of Rehabilitation
City: Salinas State: California Zip code: 93901
Phone: (805) 560.8162 Fax: 805.560.8162
Mobile: _____
Email address: justin.mcintire@dor.ca.gov
Website address: https://www.dor.ca.gov/
Business license number: _____
City of residence: San Luis Obispo

Business Related Questions

Please answer the following questions and attach any additional pages, if necessary:

1. Number of current employees: 17
2. Number of years with current business/organization: 13
3. Number of years in business in Monterey County: _____
4. Please describe the nature of your business and your position: 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.

Monterey County WDB Related Questions

Please 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 ☒ No ☐
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.

Signature and Acknowledgement

I, the undersigned, certify that the information on this application is true and correct to the best of my knowledge and that, if appointed to serve, I will do so to the best of my ability and in the best interest of Monterey County and its citizens.

Signature: [Signature]

Date: 4/18/2025