STATE OF MINNESOTA

OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCIES, BOARDS, COUNCILS, COMMISSIONS or TASK FORCES

All information on this form is available to the public upon request.

Part I - Tell us about the Position to which you are applying

Required Information (MN Stat § 15.0597 Subd. 5.)

Agency Name: _____ _____
(Name of board, council, commission or task force.)

Position Sought:_____
(Membership position sought or enter "member".)

By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)

Part II –Tell us about Yourself

Required Information (MN Stat § 15.0597 Subd. 5.)

Applicant Name: _____
(First Name) (Last Name)

Preferred Mailing Address: _____
(Preferred Mailing Address)

_____
(City) (State) (Zip)

Preferred Phone: (_____)_____-_____

E-MAIL: _____

County: _____

MN House of Rep Dist:_____ **US House of Rep Dist:**_____
Find your districts by using the Poll Finder at:
http://pollfinder.sos.state.mn.us/

Have you ever been convicted of a felony:
Yes _____ **No** _____

Did the Appointing Authority suggest you submit your application? Yes _____ **No** _____

Please attach a cover letter, current resume, or other information that you feel would be helpful to the Appointing Authority.

Part III: OPTIONAL STATISTICAL INFORMATION

The following information is optional and voluntary *(MN Stat §15.0597 Subd. 5.)*.
Information is collected for, and compiled in, the annual report on the open appointments process pursuant to *MN Stat* §15.0597 Subd. 7.

Sex:
Female _____
Male _____

Age: _____

Disability:
Yes _____
No _____

Political Party:
_____ Democratic-Farmer-Labor
_____ Independence
_____ Republican
_____ No Party Preference
_____ Other _____

Hispanic, Latino, or Spanish origin?
_____ Yes _____
_____ No

Race: *(Pick as many as apply)*
_____ African American or Black
_____ American Indian or Alaska Native
_____ Asian or Pacific Islander
_____ White or Caucasian
_____ Other Race_____

Part IV: Signature and Submittal Instructions

I swear that, to the best of my knowledge, the above information is correct and that I satisfy all legally prescribed qualifications for the position sought. (*If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.)

_____ _____
(Signature of Applicant) (Date)

MAIL OR SUBMIT IN PERSON:
Office of Secretary of State
Open Appointments
180 State Office Building
100 Rev Dr Martin Luther King Jr Blvd
St. Paul, MN 55155-1299

Phone: (651) 297-5845

Email: open.appointments@state.mn.us

Online application:
http://www.sos.state.mn.us/index.aspx?page=5

Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired.

FOR OFFICE USE:
Sub by AA:_____
AA:_____
Trans Date:_____

Rev.09-2011