

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 Phone: (_____) _____ - _____

Preferred Mailing Address: _____
(Preferred Mailing Address)

E-MAIL: _____

(City) (State) (Zip)

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: _____ African American or Black
(Pick as many as apply) _____ 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