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.

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

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

** Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us*

Agency Name:* _____
(Please write the Name of board, council, commission or task force to which you are applying.)

Position Sought: _____
(Membership position sought or enter "member" if no specific requirements exist for position sought.)

Part II: Tell us about Yourself

** Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us*

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

Preferred Mailing Address: * _____
(Street) (City) (State) (Zip)

E-MAIL: * _____

Work Phone: * (_____) _____-_____

Home Phone: (_____) _____-_____

County: _____

MN House of Rep District:_____ **U.S. House of Rep District:**_____

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

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

Please attach a current resume and a cover letter that would demonstrate your interest and qualifications to the Appointing Authority.

Part III: OPTIONAL STATISTICAL INFORMATION

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

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:
(As listed on United State Census 2010)
(Pick as many as apply)

_____ White
_____ American Indian or Alaska Native
_____ Asian Indian
_____ Black, African Am., or Negro
_____ Chinese
_____ Guamanian or Chamorro
_____ Filipino
_____ Korean
_____ Japanese
_____ Native Hawaiian
_____ Samoan
_____ Vietnamese
_____ Other Asian _____
_____ Other Pacific Islander _____
_____ 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.

_____ _____
(Signature of Applicant) (* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.) (Date)

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

FAX: (651) 296-9073
Phone: (651) 556-0643
Email: open.appointments@state.mn.us

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:_____