



**APPLICATION FOR APPOINTMENT
TO THE BMS ARBITRATION ROSTER**

Please type or print.

NAME: _____
Last First MI

Address: _____

Email Address: _____

Home Phone: _____ Business Phone: _____

Members of our arbitration roster must maintain a principal place of residence in Minnesota or one of its contiguous states. This is interpreted to mean a legal residence. A post office box or other mail delivery point is not sufficient to satisfy this requirement. The residency requirement may be waived on an appointment-by-appointment basis by the commissioner. If waived, the arbitrator must agree to bill the parties from a Minnesota location (e.g. MSP airport).

WORK EXPERIENCE (Include all experience as a full-time labor relations advocate, labor mediator, labor arbitrator and/or practitioner/instructor of labor law or industrial relations. List your present or most recent experience first):

ORGANIZATION: _____
(Include name & address)

Position: _____

From: _____
Mo. Yr.

Supervisor: _____

To: _____
Mo. Yr.

Describe your major responsibilities in this position:

ORGANIZATION: _____
(Include name & address)

Position: _____

From: _____
Mo. Yr.

Supervisor: _____

To: _____
Mo. Yr.

Describe your major responsibilities in this position:

ORGANIZATION: _____
(Include name & address)

Position: _____

From: _____
Mo. Yr.

Supervisor: _____

To: _____
Mo. Yr.

Describe your major responsibilities in this position:

List any other experience and/or training which you believe would qualify you as an arbitrator:

List current Arbitration Panel Memberships:

ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

Check the appropriate boxes below and include with this application any materials so noted.

Yes No Are you currently functioning as an advocate of a private or public sector employer, employees, or union in any phase of labor relations? **If yes, please explain:**

Yes No Are you currently represented by an employee organization? If yes, please identify: _____

Yes No Are you currently associated directly or indirectly in a managerial, representational, or consultative relationship with any employers or union? (Partnership or employment in a law firm which represents employers or unions in labor relations matters, but in which the applicant does not personally participate, is an example of indirect association in this context.) **If yes, please attach a description of this relationship**

Yes No Do you have any pertinent financial interest in a company or labor organization which would present or might appear to present a conflict of interest in all or part of your responsibilities as an arbitrator? **If yes, please attach a description of any such interests.**

Yes No Do you or any member of your family serve as a member of any Board of Directors, full or part time representative or advocate, substantial stockholder, or in any other pertinent capacity with any employer or union? **If yes, please attach a description of this relationship?**

REFERENCES: (Please provide the names, addresses, telephone numbers and employing organization for at least seven (7) persons whom we may contact with respect to your qualifications and suitability to function as an arbitrator in labor relations matters. At least three of these individuals must be persons identified with labor, three must be persons identified with management, and one should be an individual functioning as a neutral in labor relations disputes.

Labor Representatives:

1) Name: _____ Phone: _____

Address: _____

2) Name: _____ Phone: _____

Address: _____

3) Name: _____ Phone: _____

Address: _____

Management Representatives:

1) Name: _____ Phone: _____

Address: _____

2) Name: _____ Phone: _____

Address: _____

3) Name: _____ Phone: _____

Address: _____

Neutral:

1) Name: _____ Phone: _____

Address: _____

APPLICATION FEE: A \$100 non-refundable check or money order payable to: State of Minnesota, Bureau of Mediation Services **MUST** accompany this application.

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the following information:

The Bureau has the right to verify information provided in the application. False information may subject an applicant to revocation of this application and/or any other privileges resulting from subsequent placement on the Arbitrator Roster.

In connection with this application, I authorize the Bureau of Mediation Services and any agent acting on its behalf to conduct an inquiry into any information contained in this application pertinent to my potential placement on the BMS Arbitrator Roster. Moreover, I hereby release the Bureau and any agent acting on its behalf from any and all liability of whatsoever nature arising from investigation of this application and the information contained therein.

Date: _____ Signature: _____

Return by Monday, September 30, 2024 to:

Bureau of Mediation Services
1021 Bandana Blvd. E., Suite 226
Saint Paul, Minnesota 55108

OR

mediation.services.bms@state.mn.us