

STATE OF MINNESOTA
OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCY

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

Agency Name: * _____
 (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.)

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

Applicant Address: * _____
 (Street) (City) (State) (Zip)

Day Phone: * (_____) _____ - _____ **Evening Phone:** (_____) _____ - _____

E-MAIL: * _____

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

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

Did the Appointing Authority suggest you submit your application? YES _____ NO _____

Any other information the Nominating Person feels would be helpful to the Appointing Authority:

(Statement may continue on reverse or attached sheets)

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.

_____ (Date)

(Signature of Applicant)* _____

** If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.*

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 *Minnesota Statutes* §15.0597.

Sex: _____ Female _____ Male	Political Party: _____ Democratic-Farmer-Labor _____ Green _____ Independence _____ Republican _____ Other _____ _____ No party preference	Race*: _____ African American / Black _____ American Indian / Alaska Native _____ Asian _____ Hispanic _____ Native Hawaiian / Pacific Islander _____ White _____ Other Race _____
--	--	---

National Origin: _____ (* Select as many as apply)
 (Country of Origin or Principle Tribe)

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) 297-5845 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.	<i>By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)</i>
--	---

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