

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)
Work Phone: * (____) _____ - _____		Home Phone: * (____) _____ - _____	
E-MAIL: *	_____		
County: _____	MN House of Rep District: _____	U.S. House of Rep District: _____	
<small>* Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us</small>			
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 or a biographical statement containing work history, education, community activities, etc., and any other information the Applicant or Nominating Person feels would be helpful to the Appointing Authority.			

OPTIONAL STATISTICAL INFORMATION		
<small>The following information is optional and voluntary. Information is collected for, and compiled in, the annual report on the open appointments process pursuant to <i>Minnesota Statutes</i> §15.0597.</small>		
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 _____
Disability: _____ Yes _____ No		
National Origin: _____ (Country of Origin or Principle Tribe)		(* Select as many as apply)

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)*	_____ (Date)
<small>* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.</small>	

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
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<small>Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired.</small>	<small>By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)</small>
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FOR OFFICE USE: Sub by AA: _____ AA: _____ Trans Date: _____