

Application for Appointment to a Board, Committee, Commission or Task Force

DATA CLASSIFICATION ADVISORY

Some of the information on this form is public data under the Minnesota Government Data Practices Act, Minn. Stat. Chapter 13. The data is being requested so that the appointing authority can make an informed decision as to the appointment to the relevant board, commission, committee or task force. An applicant is not required to provide any information; however, failure to answer any of the questions on this application may cause the appointing authority to reject the application or to select another candidate. The data on this form will be maintained by the City of Minneapolis in accordance with the Minnesota Government Data Practices Act and the non-public portions of the form, if any, will be available to individuals working for the City whose work assignments reasonably require access.

We also request that you complete a voluntary demographic questionnaire. The City of Minneapolis has made efforts to increase diversity on boards and commissions. Knowledge of your status will assist us in monitoring the success of our efforts. Although you are not required to provide the information requested on the demographic questionnaire, your cooperation is appreciated and valued. The information provided is not used in determining appointments to boards and commissions.

THE INFORMATION PROVIDED ON THIS PAGE IS **PUBLIC** PER THE MINNESOTA DATA PRACTICES ACT. Any information you provide in these fields may be made available to the public. Please use the name you wish us to use on paperwork and public documents; it does not need to be your legal name if you go by a different chosen name.

Applicant Name:		
City of Residence:	Ward:	
Occupation:		
Employer:		
	ing, employment history, and volunteer work related to this position. Include appeter organizations and other city boards and commissions, including any awards or	
your education and train	ing, employment history, and volunteer work related to this position. Include app	
your education and train	ing, employment history, and volunteer work related to this position. Include app	
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Send completed application to openappointments@minneapolismn.gov or by fax: 612-673-3812:

THE INFORMATION PROVI	DED ON THIS PAGE IS PRIVA T	FE PER THE MINNESOTA DATA PR	ACTICES ACT.	
Street Address:			Zip Code:	
Home/Cell Phone:		Work Phone:		
E-mail Address:		Fax:		
NOTE: If appointed, Minnesota S reached and residential address		phone number and/or an e-mail address	where the appointed	e can be
Describe the reasons why yo	u would be a good candidate t	to serve on this body.		
List the issues that you belie	ve the committee should addr	ess.		
List names, addresses, and to	elephone numbers of no more	than 3 references.		
Names:	Addresses:		Ph	one Numbers:
List any financial interests (w	here required) or associations	with which you are involved that n	nay present a conf	lict of interest:
Typing your name into the signature	line will satisfy the requirements for a	legal signature.		
Signature:	· · · · · ·	Date:		
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	au kev pab txhais cov xov no rau koj da		J300	