OPEN APPOINTMENTS APPLICATION FOR SERVICE ON MINNESOTA 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 (Braille, large print, audio tape, etc.)

Part I: Position Sought

Required Information *(MN Stat § 15.0597 Subd. 5.)*

Agency Name: _____
Name of board, council, commission or task force

Position: _____
Membership position sought / seat name or enter "member"

Part II: Applicant Information

Required Information *(MN Stat § 15.0597 Subd. 5.)*

Name: _____
First Last

Mailing Address: _____

_____
City State ZIP Code

Phone: (_____) _____ - _____

Email: _____

County: _____

MN House of Rep Dist:_____ **US House of Rep Dist:**_____
Find your districts by using the Poll Finder at:
http://pollfinder.sos.state.mn.us/

Have you ever been convicted of a felony?

Yes _____ No _____

Did the Appointing Authority suggest you submit your application?

Yes _____ **No** _____

Part III: Optional Statistical Information

The following information is optional and voluntary *(MN Stat §15.0597 Subd. 5.)*.
Information is collected for, and compiled in, the annual report on the open appointments process pursuant to *MN Stat* §15.0597 Subd. 7.

Gender:
Female _____
Male _____

Veteran Status:
Yes; _____
No: _____

Disability:
Yes _____
No _____

Political Party:
_____ Democratic-Farmer-Labor
_____ Independence
_____ Republican
_____ No Party Preference
_____ Other _____

Hispanic, Latino or Spanish origin:
_____ Yes
_____ No

Age: _____

Race: *(Check as many as apply)*
_____ African American or Black
_____ American Indian or Alaska Native
_____ Asian or Pacific Islander
_____ White or Caucasian
_____ Other Race_____

Part IV: Supplemental Application Materials

Attach an optional cover letter, resume or other information that you feel would be helpful to the Appointing Authority.

Part V: 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. (*If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.)

_____ _____
Applicant Signature Date

Mail or Submit In Person:
Office of Secretary of State
Official Documents
180 State Office Building
100 Rev Dr Martin Luther King Jr Blvd.
St. Paul, MN 55155-1299

Phone: (651) 556 - 0643

Email: official.documents@state.mn.us

Online application:
https://commissionsandappointments.sos.state.mn.us/Agency

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:_____

Rev.05-2022