

**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 or enter "member"

**Part II: Applicant Information**

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

**Name:** \_\_\_\_\_  
First Last

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

**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 \_\_\_\_\_

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

**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 \_\_\_\_\_

**Age:** \_\_\_\_\_

**Disability:**  
Yes \_\_\_\_\_  
No \_\_\_\_\_

**Political Party:**  
\_\_\_\_\_ Democratic-Farmer-Labor  
\_\_\_\_\_ Independence  
\_\_\_\_\_ Republican  
\_\_\_\_\_ No Party Preference  
\_\_\_\_\_ Other \_\_\_\_\_

**Hispanic, Latino or Spanish origin:**  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No

**Race:** \_\_\_\_\_ African American or Black  
(Check as many as apply) \_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ White or Caucasian  
\_\_\_\_\_ Other Race \_\_\_\_\_

**Part IV: 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  
Open Appointments  
180 State Office Building  
100 Rev Dr Martin Luther  
King Jr Blvd  
St. Paul, MN 55155-1299

**Phone:** (651) 297-5845  
**Email:** [open.appointments@state.mn.us](mailto:open.appointments@state.mn.us)  
**Online application:**  
<http://www.sos.state.mn.us/index.aspx?page=5>

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.04-2014