

**STATE OF MINNESOTA**  
**OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCY**

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

<b>Agency Name: *</b>	_____		
	(Name of board, council, commission or task force to which you are applying.)		
<b>Position Sought:</b>	_____		
	(Membership position sought or enter "member" if no specific requirements exist for position sought.)		
<b>Applicant Name: *</b>	_____		
	(First Name)	(Last Name)	
<b>Applicant Address: *</b>	_____		
	(Street)	(City)	(State) (Zip)
<b>Work Phone: *</b> ( ) -			<b>Home Phone: *</b> ( ) -
<b>E-MAIL: *</b>	_____		
<b>County:</b> _____	<b>MN House of Rep District:</b> _____	<b>U.S. House of Rep District:</b> _____	
<small>* Indicates information that will appear on the Office of the Secretary of State web site: <a href="http://www.sos.state.mn.us">www.sos.state.mn.us</a></small>			
<b>Have you ever been convicted of a felony:</b>	<b>Yes</b> _____	<b>No</b> _____	
<b>Did the Appointing Authority suggest you submit your application?</b>	<b>YES</b> _____	<b>NO</b> _____	
<b><i>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.</i></b>			

<b>OPTIONAL STATISTICAL INFORMATION</b>			
<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>			
<b>Sex:</b> _____ Female _____ Male	<b>Political Party:</b> _____ Democratic-Farmer-Labor _____ Green _____ Independence _____ Republican _____ Other _____ _____ No party preference	<b>Race*:</b> _____ African American / Black _____ American Indian / Alaska Native _____ Asian _____ Hispanic _____ Native Hawaiian / Pacific Islander _____ White _____ Other Race _____	
<b>Disability:</b> _____ Yes _____ No			
<b>National Origin:</b> _____	(* Select as many as apply)		
	<small>(Country of Origin or Principle Tribe)</small>		

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](mailto:open.appointments@state.mn.us)

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