

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

*\* Indicates information that will appear on the Office of the Secretary of State web site: [www.sos.state.mn.us](http://www.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 \_\_\_\_\_

**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**

The following information is optional and voluntary. Information is collected for, and compiled in, the annual report on the open appointments process pursuant to *Minnesota Statutes* §15.0597.

**Sex:** \_\_\_ Female \_\_\_ Male  
**Political Party:** \_\_\_ Democratic-Farmer-Labor \_\_\_ Green \_\_\_ Independence \_\_\_ Republican \_\_\_ Other \_\_\_\_\_ \_\_\_ No party preference

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

**Race\*:** \_\_\_ African American / Black \_\_\_ American Indian / Alaska Native \_\_\_ Asian \_\_\_ Hispanic \_\_\_ Native Hawaiian / Pacific Islander \_\_\_ White \_\_\_ Other Race \_\_\_\_\_

**National Origin:** \_\_\_\_\_ (\* Select as many as apply)  
(Country of Origin or Principle Tribe)

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)

*\* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.*

**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)

Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired. *By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)*

**FOR OFFICE USE:** Sub by AA: \_\_\_\_\_ AA: \_\_\_\_\_ Trans Date: \_\_\_\_\_