

**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

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

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

City State ZIP Code

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/>

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  
Veterans Service Building  
Suite 210  
20 W 12th Street,  
St. Paul, MN 55155

Phone: (651) 556 - 0643

Email: [official.documents@state.mn.us](mailto: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