

STATE OF MINNESOTA
OPEN APPOINTMENTS APPLICATION FOR SERVICE ON
STATE AGENCIES, BOARDS, COUNCILS, COMMISSIONS or TASK FORCES

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

Part I - Tell us about the Position to which you are applying

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

Agency Name: State Advisory Council on Mental Health
 (Name of board, council, commission or task force.)

Position Sought: _____
 (Membership position sought or enter "member".)

By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)

Part II - Tell us about Yourself

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

Applicant Name: _____
 (First Name) (Last Name)

Preferred Phone: (_____) _____ - _____

Preferred Mailing Address: _____
 (Preferred Mailing Address)

E-MAIL: _____

 (City) (State) (Zip)

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 _____

Please attach a cover letter, current 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.

Sex:
 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
 (Pick 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.)

 (Signature of Applicant)

 (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
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.09-2011