Application for Appointment to
City of Minneapolis Charter Commission

Some of the information on this form is public data under the Minnesota Government Data Practices Act, Minn. Stat. Chapter 13. The data, which will be provided to the Chief Judge of the Hennepin County District Court, is being requested so that the Chief Judge can make an informed decision as to the appointment Minneapolis Charter Commission. An applicant is not required to provide any information; however, failure to answer any of the questions on this application may cause the Chief Judge to reject the application or to select another candidate. The data on this form will be maintained by the Hennepin County District Court and by City of Minneapolis in accordance with the Minnesota Government Data Practices Act. The non-public portions of the form, if any, will be available to individuals working for the District Court and /or the City whose work assignments reasonably require access.

The information provided on this page is public under the Minnesota Government Data Practices Act

Name:	Ward:
City of residence:	
Signature:	Date:

Occupation:	Employer:
Employer's Address:	

Describe your background as it relates to any required or desirable qualification listed in the Notice. Include applicable experience with civic, professional or volunteer organizations and city boards or commissions. List any awards or special recognition.

Instructions:

1. Complete both pages of this application. *(Call 612-673-2287 with questions.)*
2. Applications must be received or postmarked by the date stated in the Vacancy Notice. *Applications delivered in person must be received before 4:30pm.*
3. Return completed applications to: *Email* cityclerk@ci.minneapolis.mn.us

   Mail or delivery City Clerk Appointments
   Room 304, 350 S. 5th St
   Minneapolis, MN 55415-1382

   Fax 612-673-3812

The information provided on this page is considered private under the Minnesota Government Data Practices Act

ADDRESS*:		ZIP +4:
Home and/or Wireless Telephone Number*:	Work Telephone Number*:	Fax:
E-Mail Address*:		

***NOTE: If appointed, Minnesota Statute 13.601 requires that a telephone number and/or an e-mail address where the appointee can be reached and residential address will be considered public data.**

List the reasons you want to serve on this body:

List issues you believe the committee should address:

List names, addresses and telephone numbers of no more than 3 references		
Name	Address	Phone Number

List any financial interests (where required) or associations with which you are involved that may present a conflict of interest:

CONFIDENTIAL DATA

TO BE COMPLETED BY APPLICANT. The City of Minneapolis has an equal employment opportunity/affirmative action policy. Knowledge of your race, sex, age, disability and medical status is necessary for monitoring the effectiveness of the program. **Although you are not required to provide the information requested on this form, your cooperation is appreciated. Failure to provide this information will not impact any selection decision.**

LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE INITIAL:** _____

GENDER: **Male** ☐ **Female** ☐ **HOW DID YOU HEAR ABOUT THIS VOLUNTEER OPPORTUNITY?**

☐ City of Minneapolis Website ☐ City of Minneapolis Civic TV ☐ Star Tribune ☐ Neighborhood Organization

☐ Other _____

RACE/ETHNIC IDENTIFICATION:

☐ 1. ***American Indian or Alaskan Native*** – All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ 2. ***Asian*** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent.

☐ 3. ***Black or African-American*** - All persons having origins in any of the Black racial groups of Africa.

☐ 4 ***Hispanic*** - All persons of Cuban, Mexican, Puerto Rican, Central and South America, or other Spanish culture or origin (regardless of race).

☐ 5. ***Native Hawaiian or Pacific Islander*** - All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ 6. ***White*** - All persons having origins in any of the peoples of Europe (including Spain), North Africa or the Middle East.

☐ 7. ***More than one Race (Multiracial)*** - All persons having origins in two or more of the federally designated racial categories.

DISIBILITY/MEDICAL CONDITION: For the purposes of this section, a disability is defined as a condition which limits one or more major life activities such as employment opportunities, access, testing, etc.

DISABILITY STATUS:

A. Do you consider yourself to be legally disabled? ☐ NO **OR** ☐ YES

B. If yes, do you require an accommodation? ☐ NO **OR** ☐ YES

If you answered "Yes" to part B, please explain.