



Application for Appointment to a Board, Committee, Commission or Task Force

DATA CLASSIFICATION ADVISORY

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

We also request that you complete the [voluntary demographic questionnaire](#). The City of Minneapolis has made efforts to increase diversity on boards and commissions. Knowledge of your status will assist us in monitoring the success of our efforts. Although you are not required to provide the information requested on the demographic questionnaire, your cooperation is appreciated and valued. The information provided is not used in determining appointments to boards and commissions.

THE INFORMATION PROVIDED ON THIS PAGE IS **PUBLIC** PER THE MINNESOTA DATA PRACTICES ACT. Any information you provide in these fields may be made available to the public. Please use the name you wish us to use on paperwork and public documents; it does not need to be your legal name if you go by a different chosen name.

Name of Board, Commission, Committee, or Task Force:	<input type="text"/>		
Applicant Name:	<input type="text"/>		
City of Residence:	<input type="text"/>	Ward:	<input type="text"/>
Occupation:	<input type="text"/>		
Employer:	<input type="text"/>		
Employer Address:	<input type="text"/>		

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

Send completed application to Breyonne.Golding@minneapolismn.gov

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Street Address:	<input type="text"/>	Zip Code:	<input type="text"/>
Home/Cell Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
E-mail Address:	<input type="text"/>	Fax:	<input type="text"/>

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 the issues that you believe the committee should address:

List names, addresses, and telephone numbers of no more than 3 references (Optional).

Names:	Addresses:	Phone Numbers:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Typing your name into the signature line will satisfy the requirements for a legal signature.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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Spanish - Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al 612-673-2700
Somali - Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la' aan wac 612-673-3500
Hmong - Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 612-673-2800