

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 <u>voluntary demographic questionnaire</u>. 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. 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:		
Applicant Name:		
City of Residence:		Ward:
Occupation:		
Employer:		
Employer Address:		
	alification listed in the Notice. Include a	

Send completed application to openappointments@minneapolismn.gov or by fax: 612-673-3812:

THE INFORMATION	N PROVIDED ON TH	IS PAGE IS PRIVATE PER TH	HE MINN	IESOTA	DATA PRA	ACTICES ACT.	
Street Address:						Zip Code	2:
Home/Cell Phone:			Work Ph	ione:			
E-mail Address:				Fax:			
	innesota Statute 13.601 al address will be consid	requires that a telephone numlered public data.	ber and/o	r an e-ma	il address v	vhere the appoint	ee can be
List the reasons you	ı want to serve on thi	is body:					
List the issues that y	you believe the comm	nittee should address:					
	es, and telephone nu	mbers of no more than 3 re	ferences	•			
Names:		Addresses:				F	Phone Numbers:
List any financial int	terests (where require	ed) or associations with whi	ch vou a	re involv	ed that m	av present a co	nflict of interest:
·		·	<u>, </u>				
Typing your name into th	e signature line will satisfy	the requirements for a legal signatu	ıre.				
Signature:					Date:		
		ituita para traducir esta información Imeeyo tarjamadda macluumaadka				500	

Hmong - Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 612-673-2800