Application for Committee, Board, or Commission

Please return to The Mayor's Office
Mayor's Office, Room 390 City Hall
15 West Kellogg Blvd., Saint Paul, MN 55102
Phone: 651-266-8533 Fax: 651-266-8513

The Minnesota Government Data Practices Act (Minnesota Statutes Chapter 13) governs the City's use of the information contained in this application. Some of the information sought in this application is private data under the Act. The requested information will be used by the appointing authority to carry out the City's official appointment responsibilities. You are not required to provide any information. However, failure to answer the application questions may cause the appointing authority to reject your application. The majority of items contained in this application are public, including name, address, employment, skills, training and experience, and are therefore available to anyone requesting it. The remaining items on the application form are classified as private. The private data is available only to you and to other persons in the City who, because of work assignments, reasonably require access to the information.

Name _____

Home address _____
street city state zip

Telephones _____
home work fax

Please include Area Codes

E-mail address _____

Planning District Council _____ City Council Ward _____

Preferred mailing address _____
street city state zip

Occupation _____

Place of employment _____

Employment address _____

Committee(s) applied for _____

_____

What skills/training or experience do you possess for the committee(s) for which you seek appointment?

_____

_____

_____

_____

_____

_____

_____

_____

_____

Personal References

Name _____

Address _____

Telephones _____

Please include Area Codes home work other

Name _____

Address _____

Telephones _____

Please include Area Codes home work other

Name _____

Address _____

Telephones _____

Please include Area Codes home work other

Reasons for your interest in this particular committee _____

_____

_____

_____

Have you had previous contact with the committee for which you are making application? If so, when, and under what circumstances?

_____

_____

In an attempt to ensure that committee representation reflects the makeup of our community, please check the box applicable to you. This information is strictly voluntary.

☐ White (Caucasian) ☐ Hispanic ☐ Black (African-American)

☐ Asian or Pacific Islander ☐ American Indian or Alaskan Eskimo

☐ Male Female ☐ Date of birth _____

Disabled: ☐ Yes No ☐

If special accommodations are needed, please specify _____

_____

How did you hear about this opening? _____

_____