

STATE OF MINNESOTA  
**OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCY**

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

<b>Agency Name: *</b>	<b>Lessard Outdoor Heritage Council</b> <small>(Name of board, council, commission or task force to which you are applying.)</small>	
<b>Position Sought:</b>	_____	
	<small>(Membership position sought or enter "member" if no specific requirements exist for position sought.)</small>	
<b>Applicant Name: *</b>	_____	
	<small>(First Name) (Last Name)</small>	
<b>Preferred Mailing Address: *</b>	_____	
	<small>(Street) (City) (State) (Zip)</small>	
<b>Work Phone: *</b> (____) _____ - _____	<b>Home Phone:</b> (____) _____ - _____	
<b>E-MAIL: *</b>	_____	
<b>County:</b> _____	<b>MN House of Rep District:</b> _____	<b>U.S. House of Rep District:</b> _____
<small>* Indicates information that will appear on the Office of the Secretary of State web site: <a href="http://www.sos.state.mn.us">www.sos.state.mn.us</a></small>		
<b>Have you ever been convicted of a felony:</b> Yes _____      No _____		
<b>Did the Appointing Authority suggest you submit your application?</b> YES _____      NO _____		
<b>Please attach a current resume or a biographical statement containing work history, education, community activities, etc., and any other information the Applicant or Nominating Person feels would be helpful to the Appointing Authority.</b>		

<b>OPTIONAL STATISTICAL INFORMATION</b>		
<small>The following information is optional and voluntary. Information is collected for, and compiled in, the annual report on the open appointments process pursuant to <i>Minnesota Statutes</i> §15.0597.</small>		
<b>Sex:</b> ___ Female ___ Male	<b>Political Party:</b> ___ Democratic-Farmer-Labor ___ Independence ___ Republican ___ Other _____ ___ No party preference	<b>Race*:</b> ___ African American / Black ___ American Indian / Alaska Native ___ Asian ___ Hispanic ___ Native Hawaiian / Pacific Islander ___ White ___ Other Race _____
<b>Disability:</b> ___ Yes ___ No		
<b>National Origin:</b> _____		<small>(* Select as many as apply)</small>
		<small>(Country of Origin or Principle Tribe)</small>

<b>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.</b>	
_____	_____
<small>(Signature of Applicant)*</small>	<small>(Date)</small>
<small>* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.</small>	

<b>MAIL, FAX, OR SUBMIT APPLICATION IN PERSON, TO:</b>	Office of the Secretary of State, Open Appointments 180 State Office Building 100 Rev. Dr. Martin Luther King, Jr., Blvd St. Paul, MN 55155-1299	FAX: (651) 296-9073 Phone: (651) 297-5845 Email: <a href="mailto:open.appointments@state.mn.us">open.appointments@state.mn.us</a>
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<small>Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired.</small>	<small>By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)</small>
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**FOR OFFICE USE:**      Sub by AA: \_\_\_\_\_ AA: \_\_\_\_\_      Trans Date: \_\_\_\_\_