

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee

Application Form

V. - A. - 5.

NAME: Jonathan L. Moen  
(First) (MI) (Last)

ADDRESS: 102 S. Drive HOME PHONE: 218-927-4749  
Aitkin MN 56431 BUSINESS PHONE: 218-927-7273  
CELL PHONE: 320-226-1729

E-MAIL ADDRESS: jon.moen@co.aitkin.mn.us

EMPLOYER: Aitkin Health & Human Services OCCUPATION: Social Worker

EMPLOYER ADDRESS: jon.moen@co.aitkin.mn.us

1. Please state your reason for applying: To represent AFSCME  
local 1283

2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: 21 years experience  
with County Social Services; 8 years with Aitkin  
County

3. Are you able to attend meetings during the day?  Yes  No  
Currently this committee meets at 3:30 p.m. on the first Wednesday of each month.

4. Are you able to attend at least 10 meetings each year?  Yes  No

5. Would you be willing to serve a one-year or two-year term?  
 One-year  Two-year

Signature of Applicant: Jonathan Moen Date: 10/7/16

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:  
Aitkin County Health & Human Services  
Attention: Julie  
204 - 1st Street NW  
Aitkin, MN 56431

Questions? Call: 218-927-7200 or 1-800-328-3744

MINNESOTA OPEN APPOINTMENT ACT  
APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County Health & Human Services Advisory Committee

NAME OF APPLICANT: Jonathan L Moen

STREET ADDRESS OF APPLICANT:

102 South Drive  
Aitkin MN 56431

PHONE NUMBERS:

DAYS 320-226-1729

EVENINGS 320-226-1729

AITKIN COUNTY COMMISSIONER DISTRICT

UNION REP

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

Applicant has 21 years of experience as a county social worker and is interested to represent AFSCME local 1283.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Jonathan Moen  
Signature of Applicant

10/2/16  
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes \_\_\_\_\_ No X

Is this application submitted at the suggestion of appointing authority? Yes X No \_\_\_\_\_

Please return application to the Aitkin County Health & Human Services office, located at  
204 - 1st Street NW, Aitkin, MN 56431

For Office Use Only

Date Appointed: \_\_\_\_\_

Date of Term Expiration: \_\_\_\_\_

Term #: \_\_\_\_\_