

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee

Application Form

V. - B. - 1.

NAME: Marlene S Abear
(First) (MI) (Last)

ADDRESS: 406 6th ST NW HOME PHONE: 218-429-0173
Aitkin, Mn 56431 BUSINESS PHONE: _____
CELL PHONE: 218-839-0331

E-MAIL ADDRESS: dma dma 44 @ gmail, com

EMPLOYER: Retired OCCUPATION: _____

EMPLOYER ADDRESS: _____

1. Please state your reason for applying: To continue on the committee
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: an employee almost 25 years. On this committee 2 years
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: Marlene S. Abear Date: 10-17-16

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

OCT 17 2016

**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: Marlene S. Ahear

STREET ADDRESS OF APPLICANT:
406 6th St. NW
Aitkin, Mn. 56431

PHONE NUMBERS:
DAYS 218-429-0173
cell
EVENINGS 218-839-0331

AITKIN COUNTY COMMISSIONER DISTRICT 1

Minnesota Statues 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)

I was an employe almost 25 years in the financial and child support units. This gives me a unique know ledge of the agency, through this committee I've learned more about public health and social services.

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

Marlene S. Ahear
Signature of Applicant

10-13-16
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

Is this application submitted at the suggestion of appointing authority? Yes 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: OCT 17 2016

Date of Term Expiration: _____

Term #: _____