

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

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

AITKIN COUNTY COMMISSIONER DISTRICT _____

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)

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

Signature of Applicant

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 Administrator's office, located at
307 2nd Street NW – Room 310, Aitkin, MN 56431**

NAME OF APPLICANT: _____

STREET ADDRESS OF APPLICANT: _____

PHONE NUMBERS:

DAYS _____

EVENINGS _____

For Office Use Only

Date Appointed: _____

Date of Term Expiration: _____

Term #: _____