



Application for Metropolitan Council Advisory Committee Appointment

APPLICANT NAME: _____
Last First

HOME ADDRESS: _____
Address City Zip Code

METROPOLITAN COUNCIL DISTRICT (if known): _____

COMMITTEE TO WHICH YOU ARE APPLYING: _____

EMPLOYMENT/JOB HISTORY:

Brief summary of employment history and any other information that would be helpful to the appointing authority. (A resume or additional materials may be attached if desired):

Employing firm/agency _____ Position _____
Beginning Date _____ Years with Agency _____

Employing firm/agency _____ Position _____
Beginning Date _____ Years with Agency _____

Other Information: _____

(Applicant Signature)

(Date)

NOTICE: The information on this application is public information under the Minnesota Government Data Practices Act and may be disclosed to persons or entities requesting this information.

MAIL, FAX, OR SUBMIT APPLICATION IN PERSON TO:	Julie Meadows, Appointments Coord. Metropolitan Council 390 North Robert St. St. Paul, MN 55101	FAX: (651) 602-1358 Phone: (651) 602-1630 Email: julie.meadows@metc.state.mn.us
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Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired.

**METROPOLITAN COUNCIL ADVISORY COMMITTEE
APPOINTMENT APPLICATION
SUPPLEMENT**

DATA PRACTICES ACT NOTICE

INFORMATION ON THIS PAGE IS PRIVATE; DO NOT DISCLOSE TO THE PUBLIC

This supplement information is optional. The information requested is classified as “private data on individuals” by the Minnesota Government Data Practices Act. The information will be used by the Metropolitan Council and its staff for the purposes of broadening citizen participation in Council decision-making processes. The information about you contained on this application supplement will be made available only to members of the Metropolitan Council and Council employees whose work assignments reasonably require access to the information.

APPLICANT NAME: _____
Last First

CONTACT NUMBERS:

Home Phone: _____ Fax: _____
 Business/Work Phone: _____ E-mail: _____

DEMOGRAPHIC INFORMATION:

<p>Sex</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Disability</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Political Party Preference</p> <p><input type="checkbox"/> Democratic-Farmer-Labor <input type="checkbox"/> Green <input type="checkbox"/> Independence <input type="checkbox"/> Republican <input type="checkbox"/> Other: _____ <input type="checkbox"/> No party preference</p>	<p>Race/National Origin</p> <p><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____</p>
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REFERENCES:

1.	Name _____	Relationship _____
	Mailing Address _____	Phone No. _____
2.	Name _____	Relationship _____
	Mailing Address _____	Phone No. _____

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