

APPLICATION FOR APPOINTMENT TO CITY BOARDS, COMMISSIONS, AND COMMITTEES

City of La Crescent, 315 Main St, La Crescent, MN 55947

www.cityoflacrescent-mn.gov Phone: (507) 895-2595 Fax: (507) 895-8694

Please note:

- You must be a resident of the City of La Crescent to obtain an appointment, unless otherwise provided by law.
 - All fields marked by an asterisk (*) are required.
 - All information on this form is public record.

Date: _____

Last Name*: _____ First Name*: _____ Middle Initial: _____

Home Street Address*: _____ City*: _____ Zip Code*: _____

Home Phone*: (_____) _____ Email: _____ Occupation: _____

Employer*: _____ Business Address*: _____

City*: _____ Zip Code*: _____ Business Phone*: (_____) _____

Are you 18 years of age or older? Yes No Education: _____

Are you a City of La Crescent resident? Yes No Number of Years: _____

Name up to three (3) Boards, Commissions, or Committees of interest to you – in order of preference*:

1. _____
2. _____
3. _____

Qualifications:

List City Boards, Commissions, or Committees on which you have served*	Years*

What education, special training, or work experience do you have which you feel particularly fits you for the appointment to this position*?

If selected, I would like to work towards bettering the community through my services in the following ways*:

Referred by*: Self or Other If other, please specify: _____

List any potential conflicts of interest* If none, so state: _____

I attest that all information on this form is correct to the best of my knowledge. I acknowledge that by filling out this application with the City of La Crescent, that personal information on this form is a matter of public record and may be distributed to any Board, Commission, or Committee members, City staff and the public in accordance with the Public Records Law of the State of Minnesota. I further understand that if not appointed to a Board, Commission, or Committee at this time, this information will be kept on record for future consideration.

Signature of Applicant*: _____ Date*: _____

Please return completed application to City Hall: 315 Main St, La Crescent, MN 55947

