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*  

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<th>List City Boards, Commissions, or Committees on which you have served*</th>
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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