

# City of Brooklyn Park APPLICATION FOR CITY BOARDS AND COMMISSIONS

5200 85<sup>th</sup> Avenue North Brooklyn Park MN 55443 (763) 424-8000 FAX (763) 493-8391

<u>CITY BOARD OR COMMISSION PREFERENCE:</u> (See commission brochure for descriptions) Please mark 1, 2 and 3 for your first, second and third choices only.

#### CITY BOARDS AND COMMISSIONS

CITIZEN LONG-RANGE IMPROVEMENT COMMITTEE HUMAN RIGHTS COMMISSION

RECREATION AND PARKS ADVISORY COMMISSION PLANNING COMMISSION

BUDGET ADVISORY COMMISSION

## JOINT COMMISSIONS WITH NW CITIES

NW HENNEPIN HUMAN SERVICES COUNCIL NW SUBURBS CABLE COMM. COMMISSION

Eligibility: A member of a commission must be a lawful resident of Brooklyn Park, and, if required, a resident of the council district from which they are appointed. (Res. #2008-38; Code Book Chapters 30 & 31; City Charter, Chapter 9 & 14).

Name:		
Address:		Zip:
Phone: (Home) ( )	(Business)	) ( )
E-mail address:		
you would like published in a public co	ommission directory if you	Please indicate the phone number(s) are appointed; i.e., home, work, or voicemail s a requirement of the Data Practices Act.
<b>District: (Please circle)</b> EAST C	ENTRAL WEST	Length of residence:
Occupation:	Name of emp	ployer:
<b>Civic and other activities:</b> Please list particularly those that may be relevant	to the appointment you are	vities and/or organizational memberships, e seeking:
<b>Comments:</b> Briefly describe other qua	lifications, experience and	Vor information that you believe relevant to

the appointment you are seeking. Use additional pages if necessary:

### **TENNESSEN WARNING**

Minnesota law requires that you be informed of the purpose and intended use of the information you provide to the City of Brooklyn Park during the application process (MS 13.04).

Once you have been verified as eligible for appointment to a vacancy, your name, address, length of residence, occupation, name of employer, education, training & civic affiliations, qualifications and experience are public information (MS 13.43). Only the phone number you indicate as public will be public information.

The information you provide will be used to identify you as an applicant, enable us to contact you when additional information is required, send you notices, and assess your qualifications for appointment to a city commission. You may not be considered as an applicant if you fail to provide the public information requested on this application.

AUXILIARY AIDS and ASSISTANCE: If, due to a disability, you need assistance in completing an application or if you anticipate that you will need auxiliary aids or service in the appointment process, please notify the City Hall at (763) 493-8012 or TDD (763) 493-8392

To the best of my knowledge, the information included in this application is accurate and true. I authorize investigation of all statements contained in this application for appointment as may be necessary to arrive at an appointment decision. I consent to the release, disclosure, and dissemination by the city of the submitted phone number to the general public.

Applicant's signature

Date

Materials submitted in support of an application are normally not returned. Therefore, it is recommended you do not submit an original document if it is your only copy.

#### **Return application to:**

Office of the City Manager City of Brooklyn Park 5200 85<sup>th</sup> Avenue North Brooklyn Park, MN 55443 Phone (763) 493-8001

#### FOR OFFICE USE ONLY

Date Received:	Other:
Sent to Council:	
Date interviewed:	
Date appointed:	
Appointed to:	

G:\MARLENE\Commission Word Files\Recruitment\Commission Application.doc Rev 070808