



# 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

**CITY BOARD OR COMMISSION PREFERENCE:** (See commission brochure for descriptions)

Please mark 1, 2 and 3 for your first, second and third choices only.

### CITY BOARDS AND COMMISSIONS

- |   |  |
|---|--|
| <input type="checkbox"/> CITIZEN LONG-RANGE IMPROVEMENT COMMITTEE | <input type="checkbox"/> HUMAN RIGHTS COMMISSION |
| <input type="checkbox"/> RECREATION AND PARKS ADVISORY COMMISSION | <input type="checkbox"/> PLANNING COMMISSION     |
| <input type="checkbox"/> 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 and 31; City Charter, Chapters 9 and 14).

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Business) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: (For Public Commission Directory) \_\_\_\_\_ Please indicate the phone number(s) you would like published in a public commission directory if you are appointed; i.e., home, cell, work, or voicemail number. Permission to release your phone number to the public is a requirement of the Data Practices Act.

District: (Please circle)    EAST    CENTRAL    WEST    Length of residence: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of employer: \_\_\_\_\_

**Civic and other activities:** Please list past and present civic activities and/or organizational memberships, particularly those that may be relevant to the appointment you are seeking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:** Briefly describe other qualifications, experience and/or information that you believe relevant to the appointment you are seeking. Use additional pages if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Turn over

**IMPORTANT FACTS FOR YOU TO KNOW CONCERNING THIS APPLICATION**

**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 and 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:** \_\_\_\_\_