



**City of Montrose
Commission Application Form**

Please type or print clearly in ink

Name

Date

In order that the Mayor and Council members may have a better understanding of your background and interests, please provide the following information: (attach extra sheets if necessary).

Home Address: _____

Home Phone: _____

Zip Code: _____

How long have you lived in Montrose? _____ years

Employer: _____

Occupation: _____

Work Phone: _____

Please indicate which Committees/Commissions you are applying for. List only those you would be seriously interested in serving on.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Prior experience on City Commissions, City Boards, etc.:

Explain what you consider the role and responsibility of the particular commission you are interested in:

Provide a short paragraph summarizing why you are seeking an appointment to a commission in the City of Montrose:

List what you consider the three major problems confronted by the City of Montrose:

1. _____
2. _____
3. _____

Indicate what you consider to be the major assets of the City of Montrose:

Briefly describe your background, experience and any other information not previously given which you believe should be considered regarding the appointment you are seeking:

Return to:
Barbara Swanson, City
Administrator
311 Buffalo Avenue South
Montrose, MN 55363-0025

Telephone: (763) 675-3717
Fax: (763) 675-3032

For Office Use Only	
<i>Date Received:</i> _____	City of Montrose



CITY OF MONTROSE

**ADVISORY COMMISSION APPLICANTS
DATA PRACTICES ADVISORY FOR
PROTECTED INFORMATION FORM**

(READ THIS ADVISORY BEFORE COMPLETING THIS FORM)

The Minnesota Government Data Practices Act requires you to be informed that the following information which you have been asked to provide on the attached form is considered private data:

1. Your full name. *
2. Any and all previous names by which you are known, regardless of whether or not they were your legal names.
3. Your date of birth.
4. Your sex.
5. Your criminal history data maintained by agencies, political subdivisions and statewide systems.

*It shall be noted that if you are appointed to an advisory commission, your name and home address become public information.

The purpose and intended use of this data is to conduct the background inquiries which this City uses to establish your eligibility to be appointed to an advisory commission. The specific use for each category of data is described below:

1. To conduct a thorough and complete criminal history and felony background check, all names by which an applicant is or has been known must be listed.
2. In order to access driver's license data, date of birth must be supplied.
3. In order to access criminal history data, date of birth, and sex must be supplied.
4. A complete criminal history and driver's license check are conducted to determine whether there are any job-related factors which affect your suitability for employment. Driver's license checks only affect those positions which require that the employee drive during the performance of a job.

This data will be used solely for the above mentioned purposes. This data will not be made available to the appointing authority unless a criminal conviction record is discovered. In that case, information gained by use of previous names, date of birth, or race, will be forwarded to the appropriate authority without reference to date of birth, age or race.

The existence of a criminal conviction record will not automatically disqualify you from serving as an advisory commission member with the City. Before any applicant is rejected on the basis of a criminal conviction, he/she will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statute Ch. 364.

You are not legally required to provide the requested information. However, if you do not, the City will be unable to conduct the required background inquiries and will not be able to process your application and the City will not be able to consider you for a position on an advisory commission.

I have read and understand the information stated above:

Full Name:

Date



PROTECTED INFORMATION FORM

Full Name: _____
First Middle Last

Date of Birth: _____

Gender: _____

Drivers' License: _____
State Number

Position Applied For: _____

List any and all other names by which you are or have been known:

Have you ever been convicted as an adult for a crime which has not been annulled, expunged, set aside, purged or sealed by a court?

Yes No
Check One

If yes, give date and place, nature of offense and disposition:

I certify that all statements by me, on this form, are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information on this form may be cause for rejection, or dismissal if appointed to an advisory commission.

Signature of Applicant

Date