



**CITY OF BELLE PLAINE
APPLICATION FOR COMMISSION APPOINTMENT**

Return the completed application to the Belle Plaine City Hall
218 North Meridian Street, P.O. Box 129, Belle Plaine, MN 56011
Phone 952-873-5553 - Fax 952-873-5509

Commission(s) applying for: _____

New Appointment Re-Appointment

Personal Information

Name _____

Street Address _____

City, State, Zip _____

Email _____

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

How long have you resided in Belle Plaine ? _____

List any property you own in Belle Plaine (other than residence): _____

Occupation

Present Employer _____ Business Phone _____

Employer Address _____

Position Title _____

Education

Post Secondary Course Work Completed

Name of Institution	Dates Attended	Degree/Credits	Major

List Relevant Experience

Please explain what will you contribute to the community if appointed to a City Commission.

As a Commission member, what issue(s) may cause a conflict between civic responsibility and personal/professional interests?

Please explain if your current employer would object to your involvement on a Commission.

Are there any scheduling conflicts with regularly-scheduled meetings that we should be aware of?

No Yes If so, explain _____

May we contact your present employer? Yes No

References - please list three persons (not related) you have known at least one year.

Name	Address	Phone No.	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Physical Record

Do you have physical limitations preventing you from serving for any position for which you are being considered?

No Yes

If yes, what may be done to accommodate your limitation?

In case of an emergency, please notify (name, address, phone number)

Signature _____ Date _____

Selection process may vary according to number of applicants and openings and may not include interviews with all candidates.

**CITY OF BELLE PLAINE
INFORMED CONSENT/RELEASE OF INFORMATION**

I hereby authorize The Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City Administrator of the City of Belle Plaine, or designee to inspect and gather information retained by local, county, state, and federal agencies.

The following named individual has made application with the City of Belle Plaine for the position of

_____.

(Name: First, Middle, Last)

(Maiden, Alias or Former Name)

(Date of Birth)

(Sex)

(Social Security Number - Optional)

(Driver's License Number)

I realize that I am not legally required to sign this form, however, if I choose not to, the City of Belle Plaine will not be able to determine whether my conviction record, if any, is a job related consideration. In the event the City of Belle Plaine determines that my conviction record is a job related consideration, I will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statute, Chapter 364. I understand that information disclosed to the City of Belle Plaine may be released only pursuant to the statutory provisions of Minnesota Statute, Chapter 13.

I authorize references and current and/or former employers, if so noted on application, to release data, including performance evaluations and complaints against me, to the City of Belle Plaine; and authorize contacted persons to respond to any questions asked of them.

I release those persons, employers, and organizations from any liability for damage in providing this information to the City of Belle Plaine.

(Signature of Applicant)

(Date)

Parent/Guardian must sign if applicant is under the age of 18 years of age.

(Signature of Parent/Guardian)

(Date)

STATE OF MINNESOTA
COUNTY OF _____

This instrument was acknowledged before me on _____ day of _____, 20____ by

_____.

****Notary Public

****Notary Stamp

My Commission Expires: _____

****Must be Notarized and signed by Notary in order for a criminal history to be completed.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

This Informed Consent meets the criteria set out in Minnesota Statutes 13.05, Subdivision 4, Paragraph D)

