

CITY OF MONTROSE Commissions Application

This application is designed to help us obtain information about your interests and qualifications for serving on a Montrose Commission. Please submit your completed application to Montrose City Hall, located at 311 Buffalo Avenue South, PO Box 25, Montrose, MN 55363. The submission of this application does not obligate you to volunteer for any City service. We appreciate your time and interest in serving our community. If you have any questions, please contact City Hall at 763-575-7422.

Name:						
Address: Phone:	Other:					
E-mail:						
Please indicate yo	your preferred form of communication:					
How long have yo	u lived in Montrose?					
serve. Please indi	•	ons/Authorities upon which volunteers may lowing Commissions. If you are interested in 1 to 4.				
Interested (Y/N)	<u>Rank</u> —— —— ——	Commission List Planning & Zoning Commission Park & Recreation Commission Economic Development Authority Highway 12 Redevelopment				
	lease explain your career, education, o	or other special talents that would be valuable to				
	experience volunteering or serving or r municipalities? If yes, please explain	any Boards or Commissions within the City of:				
Please provide an Commission/Auth		nplish if chosen to serve on a Montrose				
Cignoturo		Data				

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:

- To conduct a thorough and complete criminal history and felony background check, all names by which an 1. 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.
- A complete criminal history and driver's license check are conducted to determine whether there are any 4. 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.

I have read and understand the Signature	information stated above:	:
to conduct the required backgro be able to consider you for a po	ound inquiries and will not sition on an advisory comr	

PROTECTED INFORMATION FORM

FULL NAME:	Last		First	Middle
DATE OF BIRTH:	:		SEX:	
DRIVERS LICENS	E STATI	E & NUMBER:		
POSITION APPL	IED FOR	:		
List any and all	other na	ames by which you	are or have	e been known:
Have you ever k or sealed by a c		nvicted as an adult	for a crime	which has not been annulled, expunged, set aside, purged
Yes	No	(circle one)		
If yes, give date	and pla	ice, nature of offen	se and disp	position:
belief, and are n	nade in		stand that a	ue, complete and correct to the best of my knowledge and ny false information on this form may be cause for rejection,
Signature of Ap	plicant		Date	
Return to:				
City of Montro 311 Buffalo Av P.O. Box 25 Montrose, MN	enue S			
Telephone: (76 Fax: (763) 675	-	-7422		
(For Office Use	e Only)			
Received by:			Date:	