



## Administration

201 1<sup>st</sup> Street NE, Suite 9, Austin, MN 55912  
Phone: (507) 437-9549 Fax: (507) 437-9458

### **Application** **for Appointment to Committee/Board/Commission**

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|--|
| <b>Position applying for:</b> Planning Commission/Board of Adjustment  |
| <i>Applicant name:</i> _____<br><b>Last</b> <b>First</b> <b>Middle</b> |

#### **General Information**

|  |               |                       |       |
|--|---------------|-----------------------|-------|
| Street Address or Rural Route and Box Number |               | Home Phone/Cell Phone |       |
| City   | State         | Zip Code              | Phone |
| Township                                     | Email Address |                       |       |

#### **Education**

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Are you fluent in a language other than English, including sign language? If so, specify \_\_\_\_\_

**Applicable Work Experience:** Please list all applicable work experience that may prove beneficial in the position you are volunteering for.

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**For additional work experience, use blank paper and enclose with this application.**

#### **Licenses**

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|---|
| List applicable Licenses, Certifications, or Registrations: |
|   |

**Volunteer or Community Service** (Attach additional sheets if needed)

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**REFERENCES:** Please list professional references (other than friends or relatives) who are familiar with your work and educational qualifications

|       |              |       |              |
|-------|--------------|-------|--------------|
| Name  |              | Name  |              |
| Phone | Relationship | Phone | Relationship |

**Background Information:** Use additional sheet(s) if necessary

1. What is your reason for desiring to serve on this Mower County Committee/Board/Commission? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. What are the most important characteristics for service and decision making on this Committee/Board/Commission?  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. What do you hope to achieve by serving on this Committee/Board/Commission? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. What are some areas this Committee/Board/Commission touches on that you would like to see improved? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Are there any concerns you have about serving on this Committee/Board/Commission? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Please return to:** *Mower County Administration*  
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**NOTES AND CONDITIONS**

- Each of the following items becomes part of your application record by your signature. Be sure to understand these notes and conditions before signing.
1. If offered a position on the Mower County committee/board/commission, I understand that I will be required to follow the behavioral ground rules established by the County as well as directives of the County Board of Commissioners.
  2. I understand that false or misleading information given on my application or in an interview(s) may result in disqualification from serving on a committee/board/commission. I attest that, to the best of knowledge, the information provided in this application is true and correct.
  3. Mower County reserves the right to change its policies without notice as the County deems appropriate.

***Please Read: I understand that some committees may require me to do large amounts of outside reading and research at times. I understand that I may deal with complex and controversial subjects. I am willing and able to be respectful of people who may disagree with me or even criticize me at time. In all cases, I am willing to be fair to everyone and open to new possibilities.***

I CERTIFY that all statements made on this application are true and correct. I understand that all information is subject to verification. I also understand that any falsification will disqualify me from service to the County in dismissal from a board/committee/commission. My signature AUTHORIZES Mower County to secure any time information needed to complete a criminal background check. It also authorizes collection of any employment-related information deemed necessary from former employers or personal references.

|      |                       |
|------|-----------------------|
| Date | Applicant's Signature |
|------|-----------------------|