



CITY OF MARSHALL
BOARD/COMMISSION APPLICATION



TO: Mayor & City Council Members
Marshall, Minnesota

I am interested in serving on the \_\_\_\_\_ Board or Commission,
and submit the following information for your consideration.

Name: \_\_\_\_\_ (Home #): \_\_\_\_\_

Address \_\_\_\_\_ (Work #): \_\_\_\_\_

Email Address: \_\_\_\_\_ (Cell #): \_\_\_\_\_

Do you live within the City limits of Marshall? Y or N
Are you a resident of the City of Marshall? Y or N

Have lived in Marshall \_\_\_\_\_ years
How did you learn about the opening?
\_\_\_ Cable TV \_\_\_ Newspaper
\_\_\_ Chamber \_\_\_ Schwan's
\_\_\_ City Website \_\_\_ US Bank
\_\_\_\_\_ Other

Table with 3 columns: Post High School, Course/Degree, Years Attended

WORK EXPERIENCE: (List most recent position first)

Table with 4 columns: Employer, Location, Position (Title), Years Employed

COMMUNITY INVOLVEMENT:

Blank lines for community involvement details

Why you would like to serve on the Board or Commission you have indicated? \_\_\_\_\_

Blank lines for reasons for serving

Signature

NOTE: The attached Authorization and Consent for Release Information Form must be completed before processing this application.

Please return this application to the City Administration Office, Municipal Building, 344 West Main Street, Marshall, MN 56258; fax to 507-537-6830; e-mail to cityhall@marshallmn.com.

**CITY OF MARSHALL  
AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

Please list the Board, Commission, or Committee you are applying for:

\_\_\_\_\_.

I, \_\_\_\_\_ (*name of individual authorizing release*) freely and voluntarily disclose to the City of Marshall the following information for the purpose of conducting a criminal background check in determining my suitability for appointment to the City's Boards and Commissions:

Last Name	First	Middle	Maiden
_____	_____	_____	_____
_____	_____	_____	_____

Drivers License Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

I understand that the above-mentioned information about me may be protected under State and/or Federal privacy laws or City policy and may not be disclosed without my prior written consent unless otherwise required by law.

By signing this consent, I hereby release and forever discharge the City of Marshall from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

I also understand that I may cancel this consent at any time prior to the information being released and that in any event this consent form expires automatically 90 days after signing.

Executed this \_\_\_\_\_ day \_\_\_\_\_ of, 20\_\_\_\_ .

\_\_\_\_\_  
Signature of Individual Authorizing Release

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent, Guardian, or Authorized Representative, when required

Information released to the City of Marshall will not automatically disqualify an individual from appointment.

**Restricted Access:** The information you have provided on this form will be utilized as outlined in the City of Marshall policy on background checks. City of Marshall directors, supervisors and staff will not routinely be provided information from this form or history check(s). They will be provided information by the Administration Office regarding the outcome of the check(s) by indication of a satisfactory or unsatisfactory determination.

**Please return to:**  
Administration Department, City of Marshall, 344 West Main Street, Marshall, MN 56258