

STATE OF MINNESOTA



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JUN 30 2011

MARK DAYTON
GOVERNOR

President of the Senate

NOTICE OF APPOINTMENT

John Harren

27148 County Road 39
Freeport, MN 56331
County of Stearns
Congressional District 6

Because of the special trust and confidence I have in your integrity, judgment and ability, I have appointed and commissioned you to have and to hold the office of:



**CITY GOVERNMENT REPRESENTATIVE
CLEAN WATER COUNCIL**

Effective: June 30, 2011
Term Expires: January 5, 2015

This appointment carries with it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Minnesota to be affixed at the Capitol in the City of Saint Paul, June 29, 2011.




Governor

Secretary of State

Replacing: Delvin Haag

STATE OF MINNESOTA

OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCIES, BOARDS, COUNCILS, COMMISSIONS or TASK FORCES

All information on this form is available to the public upon request.
 All information will be made available in alternative format for example, braille, large print, audio tape, or computer disk.

By request, this application will be made available in alternative format for example, braille, large print, audio tape, or computer disk.
 * Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us

Agency Name: Clean Water Council
 (Please write the Name of board, council, commission or task force to which you are applying.)

Position Sought: City Government Representative
 (Membership position sought or enter "member" if no specific requirements listed for position sought.)

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 Secretary of State

Part II: Tell us about Yourself
 * Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us

Applicant Name: * John Harren (First Name) _____ (Last Name) _____
 Preferred Mailing Address: * 27148 County Road 39 Freeport, MN 56331 (City) _____ (State) (Zip) _____

E-MAIL: * harrenj@albanytel.com
 Work Phone: * (320) _____ 250 _____ 3929
 Home Phone: (320) _____ 836 _____ 2982

County: _____ Stearns _____
 Have you ever been convicted of a felony: Yes _____ No _____
 Did the Appointing Authority suggest you submit your application? Yes _____ No _____

MN House of Rep District: 13A U.S. House of Rep District: 6
 Please attach a current resume and a cover letter that would demonstrate your interest and qualifications to the Appointing Authority.

Part III: OPTIONAL STATISTICAL INFORMATION

The following information is optional and voluntary. Information is collected for, and compiled in, the annual report on the open appointments process pursuant to MN Stat §15.0597

Sex: <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Age: 52	Disability: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Political Party: <input type="checkbox"/> Democratic-Farmer-Labor <input checked="" type="checkbox"/> Independence <input type="checkbox"/> Republican <input type="checkbox"/> No Party Preference <input type="checkbox"/> Other _____	Hispanic, Latino, or Spanish origin? Yes _____ No <input checked="" type="checkbox"/> _____
Race: (As listed on United State Census 2010) (Pick as many as apply)	<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Race _____	

Part IV: Signature and Submittal Instructions

I swear that, to the best of my knowledge, the above information is correct and that I satisfy all legally prescribed qualifications for the position sought.

(Signature of Applicant) * John Harren (Date) 3-14-2011
 (* if another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.)

MAIL, FAX, OR SUBMIT APPLICATION IN PERSON, TO:

Office of the Secretary of State, Open Appointments
 180 State Office Building
 100 Rev. Dr. Martin Luther King, Jr., Blvd
 St. Paul, MN 55155-1299

FAX: (651) 296-9073
 Phone: (651) 556-0643
 Email: open.appointments@state.mn.us

Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired.

FAP OFFICE USE:
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 A 05/11/2011
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