

STATE OF MINNESOTA

DISTRICT COURT

WASHINGTON COUNTY

TENTH JUDICIAL DISTRICT

**COMMISSIONER APPLICATION FORM**

Real Estate Broker       Certified Appraiser       Registered Attorney

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please list current professional licenses, registrations or certificates related to this job and list the type and license/registration number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional Affiliations/Partnerships: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Judicial Appointments as Commissioner (List case name, file number and judge under whom appointed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional Experience: \_\_\_\_\_  
\_\_\_\_\_

Are you a Washington County resident?       Yes       No

Do you own real estate in Washington County?       Yes       No

If you answered YES to owning real estate in Washington County, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational Background (Name of college, university, technical, professional, business, etc. and the degree achieved): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Government Positions Held (Past and present): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# COMMISSIONER APPLICATION FORM

## CONFIDENTIAL/OPTIONAL INFORMATION (Available to Appointing Judge Only)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Affiliated Financial Institutions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clients: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list three character references (non-related) that specifically apply to this position:

Name	Address	City/State/Zip	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.

Date: \_\_\_\_\_  
Signature (Do not print) \_\_\_\_\_

*The state has the right to verify information provided in this application. False information may subject an applicant to the penalty provisions of M.S. §43A.39. In connection with this application for employment, I authorize the State of Minnesota and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the State of Minnesota and any agent acting on its behalf from all liability of whatsoever nature by reason of requesting such information from any person.*