

**STATE OF MINNESOTA APPLICATION FOR SERVICE
ON THE MINNESOTA PARAPROFESSIONAL CONSORTIUM
SPONSORED BY THE MINNESOTA DEPARTMENT OF EDUCATION**
All information on this form is available to the public upon request.

Current job title and responsibility and location

First Name

Last Name

Address

City

State

Zip

County

Daytime phone

Evening phone

Email

State Legislative District

U.S. Congressional District

The following information is optional and is sought for the purpose of compiling the annual report on the open appointment process pursuant to Minnesota Statutes 15.0597, subdivision 7.

Gender: Female
 Male

Person With a Disability: Yes
 No

Race/National Origin: African American
 American Indian
 Asian/Pacific
 Caucasian
 Hispanic
 Other _____

Area: Urban
 Suburban
 Optional

STATEMENT OF QUALIFICATION

Please include a statement that outlines how you might contribute to the Minnesota Paraprofessional Consortium

(You may continue on the back or on an attached sheet)

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Signature of Applicant

Date

MAIL THIS COMPLETED APPLICATION TO:

Barbara Jo Stahl
Dept. of Children, Families & Learning
1500 West Highway 36
Roseville, MN