

# MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin-Itasca-Hoehriching Community Health Board

AITKIN COUNTY COMMISSIONER DISTRICT 1

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

I am currently a member of the Aitkin-Itasca-Hoehriching Community Health Board, serving since 2010. I am interested in being reappointed for another 3-year term representing Aitkin County on the three-county board. I am retired, having been a small business owner for 25 years in the city of Aitkin. Before that I was employed by the Aitkin County Public Health Department for 10 1/2 years as a staff public health nurse and also as director of the department. I continue to maintain my registered nurse license along with public health certification.

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

Ihleen E. Williams  
Signature of Applicant

12-7-2020  
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes  No

Is this application submitted at the suggestion of appointing authority? Yes  No

**Please return application to the Aitkin County Administrator's office, located at  
307 2<sup>nd</sup> Street NW - Room 310, Aitkin, MN 56431**

NAME OF APPLICANT: Ihleen E Williams

STREET ADDRESS OF APPLICANT:  
36987 US Hwy 169  
Aitkin, Mn 56431

PHONE NUMBERS:  
DAYS 218-927-3966  
EVENINGS 218-927-3966

**For Office Use Only**

Date Appointed: \_\_\_\_\_ Date of Term Expiration: \_\_\_\_\_ Term #: \_\_\_\_\_