Application for Gubernatorial Appointment to a Board or Commission

- **This is only an application. No appointment is official without a letter of appointment from the Governor.**
- Applicants are strongly encouraged to attach a current resume or biography.
- Specifically list the names of the boards or commissions to which you are applying (multiple selections are allowed).
- Return application along with your resume to:

Jon Vanator, Office of the Governor, State House Room 206, Indianapolis, Indiana 46204

- The completed application may also be faxed to (317) 232-3443; attention Jon Vanator.

Board(s) or Commission(s) for which you would like to be considered:

_____

_____

Name and address:

Name: _____

Business Address: _____ Home Address: _____

_____ _____

County: _____ County: _____

Business Phone: _____ Home Phone: _____

Business Fax: _____ Home Fax: _____

Business E-mail: _____ Home E-mail: _____

State House and Senate Districts: _____ Congressional District: _____

Are you registered to vote in the State of Indiana? ❑ Yes ❑ No Are you a citizen of the United States? ❑ Yes ❑ No

Political Affiliation: ❑D ❑ R ❑ I **Several of the state's boards and commissions require a political balance among members.*

Do you hold or are you filed as a candidate for elected office (either state or local)? ❑ Yes ❑ No

What office? _____

Have you ever been convicted of or charged with a crime or offense? (Do not include traffic offenses for which the fine was less than $200.) ❑ Yes ❑ No If so, please attach particulars. **A yes answer does not automatically disqualify you from an appointment.*

Have you ever been involved in a situation that could potentially be an embarrassment to the Governor should you be appointed?
❑ Yes ❑ No If so, please attach particulars.

Have you ever been on active duty in the U.S. Armed Forces? ❑ Yes ❑ No

Branch of service: _____ Highest rank achieved: _____

Education (high school, name and location of college or university, year graduated, and degree):

_____

_____

_____

_____

Current employment (job title, employer, employment date, contact, phone):

_____

_____

_____

Professional licenses held (and license #):

_____

_____

_____

References (name, title, contact phone number):

1. _____
2. _____
3. _____

Previous employment or experience relevant to board or commission sought:

_____

_____

_____

Memberships in professional or civic organizations (please include offices held and dates of terms):

_____

_____

_____

Have you served previously on a government board or commission? If so, please provide the board or commission name and year(s) served:

_____

_____

_____

Signature: _____ **Date:** _____/_____/_____

INDIANA STATE POLICE
CRIMINAL INVESTIGATION DIVISION

REQUEST FOR BACKGROUND CHECK-INFORMATION FORM

LEVEL I ☐ LEVEL II ☐ LEVEL III

NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #'s HOME: _____ WORK: _____

DATE OF BIRTH: _____ SS#: _____

DRIVERS LICENSE TYPE: ☐ OPER ☐ OP/MC ☐ PP/CHAUF ☐ CHAUF ☐ ID

DRIVERS LICENSE NUMBER: _____ EXPIRES _____

RESTRICTIONS: _____

SEX: M ☐ F ☐ RACE: _____

JOB TITLE: _____

OCCUPATION: _____

PROFESSIONAL LICENSES HELD: _____

LICENSE NUMBER: _____

EXPIRATION: _____

STATE OF INDIANA

INDIANA STATE POLICE

INDIANA GOVERNMENT CENTER NORTH
100 NORTH SENATE AVENUE

INDIANAPOLIS, INDIANA 46204-2259
www.state.in.us/isp

AUTHORIZATION TO RELEASE INFORMATION

I, _____ hereby authorize any person, agency, partnership, or corporation having any information concerning my background (including any State tax information), criminal history record, credit record, educational record, employment record, medical record, selective service record, record of any disciplinary proceeding with the Indiana Supreme Court Disciplinary Commission, or license complaints filed with any government agency, to release such information to the Indiana State Police Department. This information is to be used for possible employment with the State of Indiana and will not be available for public inspection.

I hereby release such person, agency, partnership, or corporation from any liability which may be incurred in releasing this information to the Indiana State police Department including liability under any Federal Law.

_____
Signature

_____
Date of Birth

_____
Social Security Number

_____
Date

_____
Witness

INTEGRITY • SERVICE • PROFESSIONALISM