

**Application for Board Appointment  
Porter County, Indiana**

**Date:** \_\_\_\_\_ (Applications must be received by the posted deadline.)

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

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone: (Day)** \_\_\_\_\_

**Telephone: (Night)** \_\_\_\_\_

**Employer/Occupation:** \_\_\_\_\_

**Position/Board Applying for:** \_\_\_\_\_

If you are applying for the Convention, Recreation and Visitors Commission, are you engaged in a convention, visitor or tourism business, or involved in or promoting conventions, visitor or tourism? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this for reappointment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many years of service? \_\_\_\_\_

Are you a resident in unincorporated Porter County or own land in unincorporated Porter County? Yes \_\_\_\_\_ No \_\_\_\_\_

**Political Affiliation:** \_\_\_\_\_

**1) State why you would like to be considered for the above position:**

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**2) State your relevant experience for the position or board you are applying for:**

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**3) State any and all financial affects or conflicts of interest your board appointment could cause:**

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**4) Submit (use back if necessary) your educational background:**

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Please attach your resume, references and any other information you would like to be considered.



Jeffrey A. Balon  
Sheriff

# Porter County Sheriff's Office

Timothy Manteuffel  
Chief Deputy

## AUTHORIZATION TO RELEASE INFORMATION

I, (printed name) \_\_\_\_\_, hereby authorize any person, agency, partnership, or corporation having information concerning my CRIMINAL RECORD, CREDIT REPORT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD, or SELECTIVE SERVICE RECORD, to release such information to the **PORTER COUNTY SHERIFF'S POLICE DEPARTMENT**. This information will be used in the employment screening process with the **PORTER COUNTY SHERIFF'S POLICE DEPARTMENT** 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 **PORTER COUNTY SHERIFF'S POLICE DEPARTMENT**, including liability under any Federal Law.

<b>SIGNATURE</b>	<b>TODAY'S DATE</b>
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<b>DATE OF BIRTH</b>
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<b>SOCIAL SECURITY NUMBER</b>
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