

HENDRICKS COUNTY COUNCIL BOARD/COMMISSION APPOINTMENT APPLICATION

(Board openings may be found at co.hendricks.in.us under the Council's Topic Page)

Name of Board or Commission to Which You are Applying: _____

Is this a reappointment? Yes No

PERSONAL INFORMATION

Full Name: _____

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

(If Different Than Physical)

Township/Taxing District: _____ Are you 18 years of age or older _____

How many years have you resided in this Township/Taxing District? _____

How many continuous years have you been a resident of Hendricks County? _____

Phone No.: _____

Email: _____

Have you ever been convicted of a crime that has not been annulled, expunged, or sealed by a court? A conviction record will not necessarily exclude you from appointment. Yes No

If yes, please explain and describe in full detail: _____

Are you currently or have you ever been employed by Hendricks County? Yes No

If yes, please give dates of employment and if no longer employed, provide the reason for leaving:

What Board(s) are you applying for? _____

CURRENT/PREVIOUS BOARD EXPERIENCE

Please explain why you wish to serve on the Board(s) you listed and describe what knowledge and/or experience you can offer while serving. Please attach additional pages if needed.

PERSONAL/PROFESSIONAL REFERENCES

(3 individuals not related to you)

Name: _____

Phone No.: _____

Name: _____

Phone No.: _____

Name: _____

Phone No.: _____

Hendricks County Government is an Equal Opportunity Employer that does not discriminate on the basis of actual or perceived race, color, religion, national origin, age, disability, sex (including pregnancy), veteran status, sexual orientation, gender identity, genetic information or any other characteristic protected by applicable federal, state, or local laws. Hendricks County Government affirms its commitment to providing meaningful opportunities and access to governmental facilities, programs, activities, and services to comply with all laws, including Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; and the Americans with Disabilities Act of 1990, as amended.

I certify the application information is true and correct to the best of my knowledge. I understand this is an application for consideration and there is no guarantee of appointment to any Board.

Signature

Date

The above information will help determine if you qualify under Indiana law(s) to serve on the Board(s) you are applying for. Please return the fully completed application by email to nmarsh@co.hendricks.in.us, by fax to 317-745-9389, or in person at the Hendricks County Auditor's Office located at 355 S. Washington Street, Suite 220 in Danville, Indiana, or by mail at the address listed.