



Board or Commission Candidate Information Sheet Town of Dyer

*Residency within the Town of Dyer is a requirement for most boards and commissions.
Information disclosed on this application or any other attached document may be disclosed in
public meetings. In some cases, a specific political affiliation is required for membership.*

Board/Commission Preference:

1. _____
2. _____

Name: _____

Home Address: _____

Home Telephone: _____ **Home FAX:** _____

Home E-mail: _____ **Town of Dyer Resident for** _____ **years**

Political Affiliation (if required for position): _____

Profession: _____

Business Name: _____

Business Address: _____

Business Telephone: _____ **Business FAX:** _____

Business E-mail: _____

Special Knowledge or Experience Applicable to the Board/Commission Function: *(use back of application if necessary)*

Other Information (Civic Activities):

Please list any previous or present involvement, such as council, board or commission member in Dyer or elsewhere:

Please Return Completed Candidate Information Sheet to the:
Town of Dyer
c/o Town Council Office
One Town Square
Dyer, Indiana 46311
Email: council@townofdyer.com
Tel. 219-865-6108 Fax: 219-865-4233



**Board or Commission
Candidate Background Check
Town of Dyer**

AUTHORIZATION TO OBTAIN LIMITED CRIMINAL HISTORY AND RELEASE

As part of my application to the _____ Board/Commission of the Town of Dyer, Lake County, Indiana, I hereby authorize the appropriate officials of the Town of Dyer to request and obtain a limited criminal history of my entire prior criminal record. In addition, I hereby release the Town of Dyer, Lake County, Indiana, its employees, agents, representatives, elected and appointed officials, and attorneys from any and all liability associated with any criminal history information that is obtained about me except in the case of any intentional and deliberate misuse or misappropriation of that information.

I understand that I will be considered for appointment to the board or commission of my choice whenever the next opening occurs for which I am qualified. I understand that I will not necessarily be contacted unless I am being offered the appointment. At that time, I will have the right to accept or decline.

Date

Applicant Signature

Applicant (Printed)

Birthdate