INDIANA UTILITY REGULATORY COMMISSION NOMINATING COMMITTEE

APPLICATION FOR APPOINTMENT

Please return the completed application electronically to: mnossett@gov.in.gov.

To be considered timely, applications must be received in the Governor's Office by 5:00 p.m. on Thursday, June 30, 2022.

Questions should be directed to Michael Nossett, Office of the Governor, Statehouse Room 206, Indianapolis, Indiana 46204 at mnossett@gov.in.gov or (317) 232-4567.

NOTE: The information in Section 1 of this application may be considered a public record and disclosed in response to a request for public records under Indiana Code ch. 5-14-3. However, the information contained in Sections 2-7 of this application will not be considered a public record and will not be disclosed in response to a public records request. You may attach to this application a personal statement on your qualifications, personal qualities, professional interests, writings, speeches, and background that you believe bear upon your application for this position; this material may also be considered a public record to be disclosed with Section 1 of this application.

1. GENERAL BACKGROUND

- A. Full legal name and any former names:
- B. Current business addresses, business email, and business telephone number:
- C. Please list all employment since graduation from college or university, including the employer's name and dates of employment.
- D. Please list all colleges, universities, or other post-secondary educational institutions you have attended—include each school's name, dates of enrollment, and any degree or certificate earned.
- E. If you have served in the military, please provide the service, dates of service, rank(s), serial number, and terms of discharge.

2. PERSONAL INFORMATION

- A. Date and place of birth.
- B. Social Security number.
- C. Current home address and cellular (and home if applicable) telephone number.
- D. List the full name (use initials for minor children) and age of, and relationship to, every person residing in your household.

3. EXPERIENCE & RELATIONSHIP WITH UTILITIES

4.

A.	Has any of your previous or present employment been related in any way to utility companies, consumer affairs relating to utilities, or regulation by the Indiana Utility Regulatory Commission? Please be specific.		
В.	Conne i.	ction with Public Utilities: Do you or any person residing in your household have any official or professional relationship or connection with any public utility operating in Indiana? YES NO If yes, please describe.	
	ii.	Do you or any person residing in your household hold any stock or securities or have any pecuniary interest in any public utility operating in Indiana? (<i>NOTE: This should be stocks or securities held outright and not merely a part of a mutual fund or other collective fund.</i>) YES NO If yes, please list the stock, amount, and owner	
C.	List any financial interests, investments, holdings, or other relationships that could conflict with the performance of duties as a member of the Indiana Utility Regulatory Commission. These might include, for example, interests in an entity that is directly or indirectly regulated by the Indiana Utility Regulatory Commission. Please disclose the nature of the interest and, if applicable, the dollar amount or value of the interest.		
07	THER I	INANCIAL INTERESTS AND MATTERS	
A.	. Please identify any corporations, partnerships, or other business entities in which you have owned an interest in the last five years (DO NOT include stock in publicly traded corporations if your interest never exceeded \$10,000 in value).		
В.	Please identify any business in which you have been an officer, director, partner, or manager, and describe the business and your role in it.		
C.	Taxati	on: Have you filed all federal, state, and city tax returns, which are now due or overdue? YES \square NO \square	
	ii.	Are all payments on tax returns up to date? YES \square NO \square	
	iii.	If you are aware of any current dispute between yourself and any taxing authority, please describe the circumstances.	

5. MEMBERSHIPS & OTHER ACTIVITIES

- A. Please identify any memberships or offices you have held in any professional or trade organizations.
- B. Please identify any civic, charitable or social organizations of which you have been a member including dates and descriptions of the purposes of the organizations and of your involvement.
- C. Please consider carefully, and disclose, whether there are any incidents in or aspects of your personal or professional life which, if they became the subject of public attention, might cause embarrassment to you or to the Governor or would otherwise impair your or the agency's reputation/mission. These matters may include, but are not limited to, abuse of alcohol or use of illegal drugs, financial matters, sexual conduct, or accusations of illegal or unethical conduct.
- D. Please identify any publications you have authored.

6. LICENSING AND LEGAL PROCEEDINGS

- A. If you are or have been subject to professional licensing of any kind in Indiana or elsewhere, please identify the profession, your license number, and the date you obtained the license.
- B. If you have ever had a complaint filed against you or have been disciplined, either formally or informally, by any licensing entity or professional organization, please describe the circumstances.
- C. List any civil lawsuits or civil legal proceedings in any jurisdiction to which you have been a party. Provide the date, jurisdiction, and a brief explanation of the dispute and your role in it. (If minor children are involved [e.g. an adoption], use initials only.)

7. HEALTH

- A. Please describe your overall health.
- B. Are you able to perform the essential functions of a commissioner, with or without reasonable accommodation?

8. MISCELLANEOUS

- A. Because Ind. Code § 8-1-1-2 requires political diversity among Commissioners, please list your current political party affiliation, if any, and its duration.
- B. If you have ever been a candidate for election to public office or a political party office, please identify the race, date, and outcome.

- C. If you have served in any positions (including part-time board appointments) with federal, state, or local governments, please identify the position(s) and dates held.
- D. Please identify any persons or organizations who you believe might oppose your appointment to this position.
- E. If you have taken a visible role in matters of significant public interest or controversy, please describe the circumstances.
- F. If you have ever been the subject of a background investigation for state or federal positions or security clearance, please identify the position and the date of the investigation.
- G. Please provide a list of both professional and personal references (no more than three of each) to your character, abilities, and reputation.

WAIVER, RELEASE, AND CONSENT

The undersigned applicant authorizes the release to the Indiana Utility Regulatory Commission Nominating Committee, its staff, employees, agents and/or representatives, and/or the Indiana Governor's Office, its staff, employees, agents, and/or representatives (all of the foregoing are hereinafter referred to collectively as the "Requesting Entity"), any records, reports and documents, which may be requested by the Requesting Entity in the performance of its evaluations of candidates. The scope of this authorization extends to, but is not necessarily limited to, requests for Federal, State or local tax records, criminal and driving histories from any jurisdiction, employment and medical records, educational records, selective service records, and credit reports and histories. Any such information is to be used for possible employment with the State of Indiana and will not be available for public inspection.

The undersigned waives, releases and discharges the Requesting Entity, the Indiana State Police, the Indiana Department of Revenue, and any other agency or person (including their staff, employees, agents and representatives) providing information to the Requesting Entity, of and from any and all claims, actions, damages and liabilities arising from, out of or in connection with the furnishing and/or use of information (such as records, reports and documents) concerning the undersigned applicant.

The undersigned agrees and understands that the Requesting Entity may interview or otherwise consult with members of the community concerning the professional qualifications, as well as the integrity and reputation, of the applicant.

The undersigned applicant hereby authorizes and consents to the public disclosure of his/he
name as an applicant for this position as more particularly identified in this application.

Date	Applicant Signature
	Printed Name