



# Brookfield Twp. Fire & Rescue



774 St. Rt. 7 N.E. Brookfield, Ohio 44403 • (330) 448-1000

## AUTHORIZATION FOR FULL DISCLOSURE

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part  
PRINT FULL NAME

thereof, concerning myself, by and to ANY duly authorized agent of the Brookfield Township Division of Fire & Emergency Medical Services, whether said records are public, private or confidential in nature.

The intent of this authorization is to give my full consent for full and complete disclosures of the records of education institutions; financial or credit institutions and the records of commercial or retail credit agencies(including credit reports and/or ratings); employment and pre-employment records, including background reports, polygraph examinations, efficiency ratings, performance evaluations, attendance records, military service records, investigator files, disciplinary records, complaints involving or filed against me, salary records, data contained with the application of employment; real and personal property tax records, and other financial statements and records wherever filed; records of complaint, arrest, trial, and/or traffic records; the results of polygraph examinations; records of complaint of civil nature made by or against me, wheresoever located and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in a case in which I presently have, or have had an interest including any files which are deemed to be confidential, expunged or sealed pursuant to 2953.33 of the Ohio Revised Code (ORC).

I reiterate and emphasize that the intent of the authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing background investigation, which may provide pertinent date for the Brookfield Township Division of Fire & Emergency Medical Services to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Brookfield Township Division of Fire & Emergency Medical Services and will not be returned to me.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records. I waive those rights with the understanding that the information furnished will be used by the Brookfield Township Division of Fire & Emergency Medical Services in conjunction with employment procedures.

For and in consideration of, the Brookfield Township Division of Fire & Emergency Medical Services acceptance and processing of any application for employment, I agree to hold the Brookfield Township Division of Fire & Emergency Medical Services, its agents, and employees harmless from any and all claims sand liability associated with application for employment or in any way connected with the decision whether or not to employ me with the Brookfield Township Division of Fire & Emergency Medical Services / Township of Brookfield, Ohio. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the property authorities as required by law.

I agree to indemnify and hold harmless any person to whom this request is presented and their agents and employees, from and against all claims, damages, losses, and expenses. This includes reasonable attorney fess arising out of or by reason complying with this request.

A photocopy, facsimile, or other electronic reproduction or duplication of this form will be valid as an original thereof, even though said copy does not contain the original writing of my signature or witness there.

This waiver is valid for a period of **two (2) years** from the date of my signature.

Last Name _____
First Name _____
Middle Name _____
Previous Name(s) or Aliases _____
Current Address _____
Phone # __ (____) _____ Date of Birth _____
Social Security Number _____ - _____ - _____

\_\_\_\_\_ 20\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_ 20\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Phone Number