

# BROOKFIELD TOWNSHIP APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

FOR OFFICE USE ONLY	
Work Location_____	Rate_____
Position_____	Date_____

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

## PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_  
 Last
  First
  Middle

Social Security No. \_\_\_\_\_

Present address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per week

Would you work Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Specify days and hours if part-time \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 20\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? \_\_\_\_\_

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
Elementary		<b>X</b>	5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>X</b>
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT**

<b>I</b> Name and Address of Company, Telephone No. and Type of Business     	From		To		Describe the work you did	Weekly Last Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
<b>II</b> Name and Address of Company, Telephone No. and Type of Business     	From		To		Describe the work you did	Weekly Last Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
<b>III</b> Name and Address of Company, Telephone No. and Type of Business     	From		To		Describe the work you did	Weekly Last Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
<b>IV</b> Name and Address of Company, Telephone No. and Type of Business     	From		To		Describe the work you did	Weekly Last Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
<b>V</b> Name and Address of Company, Telephone No. and Type of Business     	From		To		Describe the work you did	Weekly Last Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by No. which one(s) you do not wish us to contact \_\_\_\_\_

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Telephone Number

**MILITARY SERVICE RECORD**

Were you in U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_

Rank at discharge \_\_\_\_\_ List duties in the service including special training \_\_\_\_\_

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my characters, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

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



# *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 data 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 and 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 fees 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 _____ - _____ - _____	

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

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

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

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

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

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