BRIMFIELD TOWNSHIP
1333 Tallmadge Road
Kent, OH 44240

Personal Information:

Social Security No. _____

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip _____

Phone: Area Code _____ Home _____ Work _____

EMERGENCY INFORMATION: (One person who will always know your whereabouts)

Name _____

_____

Address _____

City _____ State _____ Zip _____ Phone _____

PRESENT OR MOST RECENT JOB:

Employer's Name & Address _____

Length of Employment _____

Reason For Leaving _____

Position (Job title and Classification) _____

Duties Performed _____

NEXT MOST RECENT JOB:

Employer's Name & Address _____

Length of Employment _____

Reason For Leaving _____

Position (Job title and Classification) _____

Duties Performed _____

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Employer's Name & Address _____

Length of Employment _____

Reason For Leaving _____

Position (Job title and Classification) _____

Duties Performed _____

EDUCATION AND TRAINING:

Total Number of years of education, including primary school: _____

Highest academic degree or level attained: _____

Name and address of school, college or University where degree attained. If no degree, last school attended:

_____

_____

_____

Major subject area for graduate degree, if any: _____

Major subject area for graduate study without a degree, if any: _____

Major subject area for undergraduate degree, if any: _____

Minor subject area (s) for undergraduate degree, if any: _____

TRAINING AND OTHER QUALIFICATIONS:

If you have received TRAINING in an area which you feel is relevant to the position (s) for which you are applying, please submit the following information (do not include training gained as a part of your education as described above):

Type of Training	Organization	Length of Training	Subjects Covered

In the area below, please describe briefly any additional information or special qualifications you have for the position (s) requested. Include special machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

_____

_____

_____

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MISCELLANEOUS:

The following information will be used only if it is directly related to the classification/position for which you are applying.

	Yes	No
1. Are you willing and able to secure an Ohio Driver's License?		
2. If necessary, do you have your own transportation?		
3. Have you every been employed in Ohio State or County Service?		
4. Have you ever been convicted of any felony?		
5. Can you perfrom the job-related requirements of the specific job for which you are applying?		

If you have answered "Yes" to questions 3 or 4, or "No" to question 5. Please explain fully below, indicating by number to to which question you are responding.

REFERENCES:

Please list the names and addresses of three individuals, other than your relatives, whom we may contact for a PROFESSIONAL RECOMMENDATION.

1 _____
2 _____
3 _____

PREVIOUS ADDRESSES:

Please list TWO MOST RECENT HOME ADDRESSES with date of residence for each previous residence.

ADDRESS	CITY	STATE	ZIP CODE	DATES OF RESIDENCE

APPLICATION MUST BE SIGNED BEFORE A NOTARY PUBLIC

Signature of Applicant _____

Subscribed by and sworn to before me this _____ day of _____20 _____at _____,

County of and State of _____Nortary Public _____Address _____

My Commission Expires_____ Seal

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, (print full name) _____ hereby certify that all statements made in connection with my application for employment with Brimfield Township are true and complete to the best of my knowledge and belief and I understand and agree that any misstatement or omission of material facts will cause forfeiture on my part of all rights of employment with Brimfield Township.

For the purpose of my possible employment, I authorize Brimfield Townwhip to make a thorough investigation into my background which may include financial status, academic record, physical and mental record, employment record, military service record, criminal record, reputation and character references.

I understand that I may be required to submit to the following examinations as required by Brimfield Township: physical, interview and polygraph.

I understand that information obtained from the background investigation and the above examinations may constitute a basis for denial of my employment.

I understand that any information obtained from the background investigation will be used solely for the purpose for which it is intended.

_____ _____
Signature of Applicant Date