

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 Township 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