



**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?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If necessary, do you have your own transportation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you every been employed in Ohio State or County Service?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of any felony?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Can you perfrom the job-related requirements of the specific job for which you are applying? | <input type="checkbox"/> | <input type="checkbox"/> |

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 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