

**Bath Charter Township Fire Department
Authority for Release of Information**

Last Name: _____ Social Security # _____
First Name: _____ Place of Birth: _____
Middle Name: _____ County or City: _____
Suffix: _____ State: _____
Sex: _____ Country: _____
Race: _____
Date of Birth: _____

I, _____, Do hereby authorize a review and full disclosure of all records, or any part of, compliance, whether the said record are of public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals, and balances of checking accounts, savings accounts, loans, and the records of commercial or retail credit agencies (including credit reports and/or ratings); Public Utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever's located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent information or data for the Bath Township Fire Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the source 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 of information will be considered in determining my suitability for employment by Bath Township Fire Department. I understand that all materials pertaining to this background investigation become the property of the Bath Township Fire Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photograph/digital copy of this release form will be valid as an original hereof, even though said photocopy/digital copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Signature _____

Address: _____

City, State, Zip _____

Subscribed and sworn before me this _____ day of _____, 20____

My commission expires _____ 20_____.

Notary _____

Date of Application: _____

**BATH CHARTER TOWNSHIP
APPLICATION FOR EMPLOYMENT**

Position Applied for: _____ | Date You Can Start: _____

Name: _____
(Last) (First) (Middle)

Have you ever gone by any other name other than the one given above? Yes No

If so, what other name was used? _____

Social Security #: _____ Driver's License #: _____
(Include State Abbreviation)

Present Address: _____
(Street) (City) (State) (Zip)

Permanent Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Email: _____

Are you 18 years or older? Yes No | Type of Employment: Full-time Part-time Seasonal

Salary Desired: _____ | Are you lawfully entitled to be employed in the United States? Yes No

Are there any hours/days of the week you cannot work? Yes No | If so, when? _____

Have you ever applied to this Township before? Yes No | If so, when? _____

Do you have US Military experience? Yes No | Branch: _____ | Rank: _____

Date Entered: _____ | Date Discharged: _____ | Honorable Discharge? Yes No

Have you ever been convicted of a crime? Yes No Your response will be considered in the context of its job-relatedness only.

If so, please explain and give the date and location where the offense occurred: _____

Please provide additional information such as special skills, training, experience, equipment operation or qualifications: _

EDUCATION:

	Name & Address of School	# of Years Attended	Did You Graduate?	Subject/Major
High School				
College				
Specialized Training				

CURRENT & MOST RECENT FORMER EMPLOYERS:

Most recent former employer first.

Date: Month/Year From - To	Name, Address & Telephone of Employer	Salary: Starting / Ending	Last Position Held & Responsibilities	Reason for Leaving

REFERENCES:

Three individuals not related to you, whom you have known for at least one year.

Name	Address & Telephone	Relationship	Years Acquainted

EQUAL OPPORTUNITY EMPLOYMENT INFORMATION

This Township is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. Federal law has no such requirement.

APPLICATION ACKNOWLEDGEMENT & AGREEMENT

Please read the following and sign to indicate your understanding.

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Township prior to the administration of the test so that a reasonable accommodation can be made. The Township reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements or omitted information on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically exempted below,* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

As a condition of employment, employees of the Township agree not to commence any action, claim, or suit relating to their employment with the Township more than 182 calendar days after the date the employee knew or should have known that a claim existed or later than the applicable limitations period established by statute, whichever is less.

Signature: _____ | Date: _____

*Employers Specifically Exempted: _____
