

Name, address, and telephone number of the person to be notified in the event of accident or emergency.

MILITARY SERVICE

Have you had any experience in the Armed Forces of the United States or in the State National Guard? Yes No

If yes, what branch? _____ Rank at discharge _____
Date of discharge _____

Are you in the reserves? Yes No
If yes, date obligation ends _____

Special/technical training _____

EMPLOYMENT EXPERIENCE (List all past employers – most recent first. Use a separate sheet if you need more room.)

1. _____
(Employer)

(Supervisor)

(Address)

(Job title and work performed)

(Reason for leaving)

(Dates of employment and salary)

EDUCATION

	Name / Location	Years attended	Area of Study
Elementary	_____	_____	_____

High School	_____	_____	_____

College	_____	_____	_____

Graduate	_____	_____	_____

Vocational/ Training	_____	_____	_____

REFERENCES (Do not include relatives)

	Name	Address	Telephone Number	Years Acquainted	How Acquainted
1.	_____				
2.	_____				
3.	_____				

2.

(Employer)

(Supervisor)

(Address)

(Job title and work performed)

(Reason for leaving)

(Dates of employment and salary)

3.

(Employer)

(Supervisor)

(Address)

(Job title and work performed)

(Reason for leaving)

(Dates of employment and salary)

APPLICANT RELEASE FORM

I, _____, presently residing at _____
_____ hereby apply for membership/employment
with the _____ Department. I have been advised and am
fully aware that a representative of the department will be conducting a thorough investigation of
my background to assist in determining my suitability for this employment. I realize that, in
conducting this background investigation, representatives will be making inquiries of the
following personal institutions: Officials and Records Offices at schools which I have attended;
Physicians and/or other persons who may have examined or treated me for any physical or other
type illness or injury; Police and/or Court Records with whom I may have an arrest or
conviction record; Credit Bureaus and/or firms who may have information regarding my credit
history, employment history, and/or financial standing; present and previous employers; and any
other persons who may be able to provide information about me which the department deems
necessary.

I hereby authorize and instruct any person or institution in possession of information about me to
release same to the Department. I hereby waive any privileged or right which might otherwise
forbid any physician, or other person who has attended me or any other school official, court,
policy agency, credit bureau, employer, firm or person from disclosing to the department any
knowledge or information they have concerning me. I further consent that the Chief of the
Department or his/her representative be provided with a copy of any such records concerning me
which they may desire.

I hereby give my consent to the Department or it's designee to perform test of my blood and/or
urine to determine my possible usage of prohibited substances.

I recognize the right of the Department, in its sole discretion, to treat all sources as confidential,
and withhold from me and/or my agent the names of such confidential sources and information
obtained therefrom.

Signature of Applicant

Date

Please provide your Drivers License # in order to do the background check.

AUTHORIZATION AND ACKNOWLEDGEMENT

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

We will make reasonable accommodations to qualified disabled applicants and employees where the accommodation does not impose an undue hardship. Such individuals must notify the employer in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. Failure to properly notify the employer may preclude any claim that the employer failed to accommodate the disabled individual.

Upon the signing of this application, you represent that all of the information now or hereafter given by you in support of your application is true and complete. You authorize us to verify any of the information provided to us. You agree that any false information in support of your application for employment may subject you to discharge at any time.

You agree that either party may terminate the employment relationship, with or without cause, at any time and you further agree that this arrangement may only be altered in writing, directed to you personally and signed by an authorized agent of the Employer. You agree that you shall be bound by the other rules, policies, and terms and conditions of employment of the Employer as they are from time to time changed.

You agree that any action or suit against the Employer arising out of your employment or termination of employment must be brought within 180 days of the event giving rise to the claims or be forever barred. You waive any limitation periods to the contrary. You further agree that your employment is conditional until such time as the results of any required post-offer physical are known.

Signature

Date