

**EDINBURG TOWNSHIP
PORTAGE COUNTY, OHIO**

Trustees

Fiscal Officer

Jeffrey Bixler
330-325-7704

Chris Diehl
330-281-1348

Tim Pfile
330-281-1348

William McCluskey
330-325-0271(O)

**RELEASE AND AUTHORIZATION FOR TOWNSHIP TO PERFORM
BACKGROUND INVESTIGATION**

I, _____, the undersigned applicant or current employee or volunteer for the position of _____ with the Edinburg Township Fire Department do hereby voluntarily give consent to, and authorize the Board of Edinburg Township Trustees and the Board's designated agent, to perform any investigation and background check the Board of Trustees determine is necessary in order to help the Board of Trustees determine whether I possess the necessary qualifications to perform the position that I am seeking with Edinburg Township, Portage County, Ohio.

Further, I release, authorize and give consent to the Board of Edinburg Trustees and the Board's designated agent, to use my personal information, including but not limited to my date of birth and social security number and any other relevant information personal to me, in order for the Board of Trustees' to complete any investigation and background check the Board of Trustees' feels is necessary. I acknowledge that said investigation may include, among other things, a computerized criminal history search of both Ohio and any other state in which such records are available; a search of my driving records with the State of Ohio and any other available state; and other background search the Board of Trustees and its designated agent feels is necessary.

I, the undersigned, have read this document and of my own free will and accord have hereunto set my hand on the date listed below my name.

Signature: _____ Printed Name: _____

Date: _____

Witness to Signature: _____ Printed Name: _____

Date: _____

Fire Department: 6726 Tallmadge Road, Rootstown, Ohio 44272
Township Main Office 6856 Tallmadge Road, PO Box 485, Rootstown, Ohio 44272

EDINBURG TOWNSHIP FIRE AND RESCUE DEPARTMENT APPLICATION

PLEASE PRINT

Name: Last _____ First _____ MI _____

Present Address: _____
Street Address City State Zip Code

Previous Address: _____
Street Address City State Zip Code

Previous Address: _____
Street Address City State Zip Code

Social Security Number: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Previous Fire Department Experience: _____

U.S. Military Experience: _____

Driver's License Number: _____ Date Expired: _____ Issuing State: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

EDUCATION

	NAME OF SCHOOL AND LOCATION	DEGREE AWARDED	TYPE OF DEGREE
HIGH SCHOOL			
COLLEGE			
OTHER			

Contact person in case of emergency:

Name: _____ Relationship: _____
Address: _____
Home Phone Number: _____ Cell Phone Number: _____

Do you hold an Ohio Emergency Medical Service Certificate? No _____

Level of Certification: _____ Cert. #: _____ Expiration Date: _____

Do you hold an Ohio Fire Service Certificate? No _____

Level of Certification: _____ Cert. #: _____ Expiration Date: _____

Any Other Certifications?, i.e. BLS, ACLS, PALS, Instructor.

Certification: _____ Cert. #: _____ Expiration Date: _____
Certification: _____ Cert. #: _____ Expiration Date: _____
Certification: _____ Cert. #: _____ Expiration Date: _____

WORK EXPERIENCE

Present Employer: _____
Address: _____
Phone # _____ Position (Job Title) _____
Length of Employment: From: Mo. _____ Yr. _____ to: Mo. _____ Yr. _____
Duties Performed: _____

Past Employer: _____

Address: _____

Phone # _____ Position (Job Title) _____

Length of Employment: From: Mo. _____ Yr. _____ to: Mo. _____ Yr. _____

Reason for Leaving: _____

Duties Performed: _____

Past Employer: _____

Address: _____

Phone # _____ Position (Job Title) _____

Length of Employment: From: Mo. _____ Yr. _____ to: Mo. _____ Yr. _____

Reason for Leaving: _____

Duties Performed: _____

Past Employer: _____

Address: _____

Phone # _____ Position (Job Title) _____

Length of Employment: From: Mo. _____ Yr. _____ to: Mo. _____ Yr. _____

Reason for Leaving: _____

Duties Performed: _____

REFERENCES

List three references that are not related to you and are not previous employers.

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Email : _____

How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Email : _____

How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Email : _____

How long have you known this person? _____

Are you related to any of the Township Trustees Listed on Page one of this Application: Yes ___ No ___

If Yes, please state relationship _____

Applicants Signature

Date

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