

This document must be completed and returned by the requested due date

**Personal History Statement
for the
Brownstown Fire Department**



INSTRUCTIONS FOR COMPLETING THE PERSONAL HISTORY STATEMENT

You are being asked to provide information about yourself that will be used in an investigation to evaluate your suitability for employment with the Brownstown Fire Department. Information for the background investigation is collected from you, criminal records, driver's history, questionnaires, and personal interviews.

1. **Print or write legibly in ink in your own handwriting. Do not type on this form or have another person make entries for you.**
2. **All information requested must be supplied** and is subject to verification. *Deliberate inaccuracies, omissions or incomplete statements will bar or remove you from employment.* If a question does not apply, please enter "N/A" or "None" in the space provided. If there is not sufficient space to list all the information requested, please attach additional sheets of 8½ x 11 paper.
3. **It is your responsibility to make sure all information is complete and accurate, including addresses and phone numbers (include fax numbers!). This pertains to all schools attended and previous employers.** You may obtain zip codes from the U.S. Post Office or go to www.usps.com. *Failure to provide this information will result in your removal from the process.*
4. Your cooperation will aid in the investigation and expedite the results. It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding the occurrence and the degree of relevance to the job.
5. You **will be required** to submit the following documents at some point in the process; *do not include them with this packet.* An investigator will notify you when to make them available. The investigator will make a copy and return your original documents at the completion of the investigation. It is suggested that you take the necessary steps NOW to obtain them.
 - Certified copy of Birth Certificate
 - Photocopy of High School Diploma or G.E.D. Certificate (If required for position)
 - Original copy of all College Transcripts. All educational transcripts should be mailed directly to the fire department (ATTN: Administration) in an officially sealed envelope from the school
 - Original DD214 (if served in the military) must include discharge status section
 - Naturalization or Citizenship papers (if applicable)

You **are required** to submit photocopies of the following documents with this packet.

- All marriage licenses and divorce decrees
 - Name change documents
 - Firefighter Certificates, State Licensures for EMS, etc.
6. Please read the two (2) release waivers and certification page at the end of this packet carefully and have your signature notarized before bringing this packet to your assigned interview time.
 7. Notary Public service **WILL NOT** be available at our facility.

DOUBLE CHECK THE PACKET TO ASSURE ALL REQUIRED SIGNATURES HAVE BEEN DONE

7. The contents of this questionnaire will be considered confidential and will be used **only** for investigating employment suitability with the Brownstown Fire Department or another fire service agency in possession of a notarized waiver signed by you.
8. There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity or have committed an undiscovered felony, the law enforcement agency having jurisdiction **WILL BE NOTIFIED.**

IMPORTANCE OF HONESTY

The Brownstown Fire Department is seeking Firefighter/Medic Applicants who demonstrate certain characteristics. Honesty is the most important characteristic that you must demonstrate. It is extremely important that you are completely honest in all of your answers.

The importance of honesty from the time of completion of all application documents, questionnaires, and the Personal History Statement, as well as during all interviews cannot be overemphasized. Failure to respond to any questions accurately and completely, whether orally or in writing will result in disqualification. Many applicants have been disqualified for dishonesty.

While filling out documents, you are cautioned to take your time and to be thorough and specific in all answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is "Yes: include it."

You may think that something you have done will disqualify you from further consideration. It may or may not. What will certainly disqualify you is lying or distorting the truth. For example, an arrest (either when you were a juvenile or as an adult) may or may not disqualify you; however, lying about the arrest will disqualify you from further consideration. Or, you may have been fired from a job. That, by itself, may or may not disqualify you; however, lying about it will disqualify you from further consideration. The use of drugs, including marijuana, may or may not disqualify you; however, lying about it will disqualify you from further consideration.

I have read and understand the contents of this paper:

Name of Applicant

Signature of Applicant

Date

PLEASE NOTE

FAILURE TO FOLLOW INSTRUCTIONS

And

COMPLETE FORMS THOROUGHLY

as outlined in the attached letter
will result in your removal from
this hiring process.

BROWNSTOWN FIRE DEPARTMENT

PERSONAL HISTORY STATEMENT PERSONAL DATA

NAME: _____
Last
First
Middle

Social Security Number:	
Birth Date:	
Home Address:	
Home Phone Number:	
E-mail Address:	

Telephone number (pager, cell, etc.) where you can be reached from 8 a.m. to 5 p.m., Monday through Friday.

Telephone number (pager, cell, etc.) where you can be reached after 5 p.m., Monday through Friday and weekends.

Other names (alias, maiden names and nicknames) by which you have been known. Please include the time period these names were used.

Present Marital Status: Married Single Divorced Widowed Separated

Full Name of Current and Previous Spouse(s):

First Name	Middle Initial	Last Name	Date of Birth

Marriage Data: (include present and all previous marriages)

Date of Marriage:	Birth Name of Spouse:	Place of Marriage (City & State)

Do you object to us contacting your spouse or former spouse? Yes No ("Yes" response may end inquiry)

Children: (All children or step-children whether currently living with you or not. Attach additional pages if necessary)

Full Name of Child	Date of Birth	Place of Birth	SSN	Current Address

Parents: Print all information requested about mothers and fathers, print "deceased" if appropriate.

Mother's Last, First and Middle Initial		Full Address with Zip Code	
Home Telephone Number:	Place of Birth: (City, State, Country)	Date of Birth:	
If Deceased, Date of Death:			
Father's Last, First and Middle Name		Full Address with Zip Code:	
Home Telephone Number:	Place of Birth: (City, State, Country)	Date of Birth:	
If Deceased, Date of Death:			
Were you reared by anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes":			
Relationship to you:			
Last, First and Middle Name		Full Address with Zip Code	
Home Telephone Number:	Place of Birth: (City, State, Country)	Date of Birth:	
If Deceased, Date of Death:			

If you need additional space for any of the above questions, please attach paper with information to back of document.

RESIDENCE INFORMATION

Beginning with your current address and working back, list each address at which you have resided since age 18 or the past ten years, whichever is less.

	From Mo/Yr	To Mo/Yr	Street Address/Apt. #	City	State	Zip	Own or Rent?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Please list names, addresses and phone numbers of Landlord for those periods when you rented a home.

Name	With what # above?	Landlord's Home Address	Phone

List individuals, except spouse or parents, you have resided with since age 18 or the past ten years whichever is less. (attach additional pages if necessary)

Name	Current Address	Home Phone	Work Phone

EDUCATION

Please indicate appropriate high school status: Diploma GED

List all high schools/universities/colleges you have attended, beginning with high school

From Mo/Yr	To Mo/Yr	School	Address	Phone	Fax

Have you ever been suspended or expelled from any high school, college, university, or any formal educational institution beyond high school? Yes No
If "yes", please explain, including school(s) and date(s):

Do you currently hold a Firefighter I and II Certification? Yes No

If "yes", please give date completed, name and address of academy, certification number and current status (valid, inactive, lapsed, suspended, revoked, etc.):

Do you currently hold a State Paramedic License? Yes No

If "yes", please give date completed, name and address of academy, certification number and current status (valid, inactive, lapsed, suspended, revoked, etc.):

Has the State (or other similar authority) ever taken disciplinary action against your certification? Yes No

If "yes", please provide dates and explanation for each situation:

MILITARY AND SELECTIVE SERVICE

If you are a male born after December 31, 1959, provide the following information concerning your registration:

Selective Service No. _____ Date of Registration _____

If you have not registered, explain why: _____

If you are a male who reached your 18th birthday between April 1, 1975 and December 31, 1977, when there was no registration required, provide the following:

Classification: _____ Date: _____ Selective Service No. _____

Have you ever been denied entrance to any of the armed forces? Yes No

If "yes", explain on separate sheet of paper and attach to end of document.

List U.S. military service performed as a member in the Reserve/National Guard/Active Duty (Also submit your original long form DD214):

From Mo/Yr	To Mo/Yr	Active/Reserve	Branch	Rank	Service Serial #	Type of Discharge or Separation

Are you currently participating in any U.S. Military Reserve or National Guard Program? Yes No
 If "yes", please indicate branch and organization name.

List all disciplinary actions against you in military service, such as Court-Martial, Captain's Mast, Office Hours, Company Punishment or other actions covered under Article 15 of the Uniform Code of Military Justice.

Date	Specific Charge	Type of Action	Disposition

EMPLOYMENT

Please list any and all other Fire Service agencies you have applied or tested with. Please provide year, agency and place an "X" in the block indicating which area of the process you completed and whether you were disqualified or hired.

Year	Agency	Written	Physical Agility	Oral Interview	Background	Polygraph/CVSA	Psych	Medical Exam	Disqualified	Hired

Beginning with your most recent employer, **list all jobs, including part-time, temporary, or volunteer positions you have held since age 16 or over the last ten years, whichever is less.** If you had intervening periods of military service, unemployment or school, list those periods in sequence in the place provided at the end of this section. If you were discharged from any employment or requested to resign, state under "reason for leaving".

May we contact your present employer? Yes No (If "no" explain why we cannot contact)

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name	
Phone #	Fax #	Company Address	
Job Title	Job Duties		
Salary	Reason for Leaving		
Supervisor's Name	Work Hours	Address (if different)/Phone	E-mail Address
Co-Worker's Name	Work Hours	Address/Phone	E-mail Address

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name	
Phone # ()	Fax # ()	Company Address	
Job Title	Job Duties		
Salary	Reason for Leaving		
Supervisor's Name	Work Hours	Address (if different)/Phone	E-mail Address
Co-Worker's Name	Work Hours	Address/Phone	E-mail Address

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name	
Phone # ()	Fax # ()	Company Address	
Job Title	Job Duties		
Salary	Reason for Leaving		
Supervisor's Name	Work Hours	Address (if different)/Phone	E-mail Address
Co-Worker's Name	Work Hours	Address/Phone	E-mail Address

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name	
Phone # ()	Fax # ()	Company Address	
Job Title	Job Duties		
Salary	Reason for Leaving		
Supervisor's Name	Work Hours	Address (if different)/Phone	E-mail Address
Co-Worker's Name	Work Hours	Address/Phone	E-mail Address

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name	
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Phone # ()	Fax # ()	Company Address	
Job Title		Job Duties	
Salary		Reason for Leaving	
Supervisor's Name	Work Hours	Address (if different)/Phone	E-mail Address
Co-Worker's Name	Work Hours	Address/Phone	E-mail Address

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name	
Phone # ()	Fax # ()	Company Address	
Job Title		Job Duties	
Salary		Reason for Leaving	
Supervisor's Name	Work Hours	Address (if different)/Phone	E-mail Address
Co-Worker's Name	Work Hours	Address/Phone	E-mail Address

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name	
Phone # ()	Fax # ()	Company Address	
Job Title		Job Duties	
Salary		Reason for Leaving	
Supervisor's Name	Work Hours	Address (if different)/Phone	E-mail Address
Co-Worker's Name	Work Hours	Address/Phone	E-mail Address

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name	
Phone # ()	Fax # ()	Company Address	
Job Title		Job Duties	
Salary		Reason for Leaving	
Supervisor's Name	Work Hours	Address (if different)/Phone	E-mail Address
Co-Worker's Name	Work Hours	Address/Phone	E-mail Address

List all periods of military, unemployment or school here:

Reason	From	To

Have you ever been subjected to verbal, written or documented disciplinary or corrective action because of misconduct or unsatisfactory performance? Yes No

If "yes", please provide dates, company name and explanations for each situation.

Date	Company	Explanation

Were you ever involuntarily terminated, asked to resign or resigned to avoid disciplinary action or investigation from a job? Yes No (If yes, please provide dates, company name and explanations for each situation.)

Date	Company	Explanation

DRIVER'S LICENSE HISTORY

Do you possess a valid Michigan driver's license? Yes No If "yes", list:

License #: _____ Class: _____ Expiration: _____

Please list other states where you have been licensed to operate a motor vehicle:

State	Name under which license was issued

Have you ever been refused a driver's license by any state? Yes No

If "yes", please explain when, where, and why:

Has your driver's license ever been suspended, revoked, cancelled or denied? Yes No

If "yes", provide when, where and explanations for each situation:

List all traffic summonses/tickets you have received since age 16 or over the last ten (10) years, whichever is less (not including parking violations/tickets):

Nature of Violation	Location (City & State)	Approximate Date	Disposition

List all motor vehicle accidents you have been involved in since age 16 or over the last ten (10) years, whichever is less.

Date	Location (City & State)	Investigating Agency	Injury/Non-Injury

FINANCIAL

The management of personal finances is relevant to an individual's qualifications for a position with a law enforcement agency. Therefore, please fill in the financial statement that follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications. The behavior exhibited in meeting your financial obligations will be reviewed. A credit reporting agency may be contacted for a report of your credit history.

Current Monthly Income		Current Monthly Expenditures	
Monthly Salary		Mortgage Payment(s)	
Spouse's Salary		Rent	
Other Monthly Income		Other Monthly Payments	
		Estimate monthly cost of living (includes utilities, food, gas, home and car maintenance, etc.) and any other obligations	
Total Monthly Income		Total Monthly Expenditures	

Have you ever filed for bankruptcy or filed for Wage Earner's Plan?
If "yes", please provide dates and explanations for each:

Yes

No

Within the last seven (7) years, have any of your bills ever been turned over to a collection agency?

Yes

No

If "yes", please give details to include when, firms involved and circumstances.

Within the last seven (7) years, have you ever had purchased goods repossessed?

Yes

No

If "yes", please give details to include when, firms involved and circumstances.

Within the last seven (7) years, have your wages ever been garnisheed?

Yes

No

If "yes", please give details to include when, where, and why?

Have you ever been delinquent on child support, income tax, or other tax payments?

Yes

No

If "yes", please give details to include when, where, and why?

LEGAL

If you have ever as an adult or juvenile committed, but not been caught, been arrested for, taken into physical custody for, been issued a misdemeanor citation for (excluding traffic citations), or convicted of any of the following crimes, place an "X" in the appropriate box or boxes. (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you answer this question):

State and Municipal Offenses Place an "X" in the appropriate box or boxes	Committed	Ticketed	Arrested	Convicted
Abuse of Public Records				
Aiding Escape				
Accessory to a Crime				
Alcohol				
Consume/Possess Anywhere by Minor				
Sell/Furnish/Give to Minor				
Buy/Obtain by Minor				
Possess in Public by Minor				
Consume in Public/Open Container				
Sell Without a License				
Arson, 4 th Degree				
Assault, 2 nd Degree (upon peace officer)				
3 rd Degree				
Attempt to Escape				
Bodily Waste, Depositing				
Burglary, 2 nd Degree (occupied structure)				
3 rd Degree (registers, vending)				
Burglary, Possession of Tools				
Camping Prohibited in City				
Child Abuse (child under 16 years)				
Compounding				
Concealing Death				
Contributing to Delinquency of a Minor				
Criminal Mischief				
Criminal Tampering, 2 nd Degree				
Dispensing Violent Films to Minors				
Disorderly Conduct				
Offensive Utterance/Gesture				
Abuses/Threatens Person				
Fighting				
Displaying Deadly Weapon				
Discharging Firearm				
Disturbing the Peace				
Domestic Violence				
Duty to Report Use of Force by Peace Officer				
Eluding the Police by Vehicle				

State and Municipal Offenses Place an "X" in the appropriate box or boxes	Committed	Ticketed	Arrested	Convicted
Escape				
Ethnic Intimidation				
Failing to Disclose a Conflict of Interest				
Failure to Obey a Juror Summons				
False Imprisonment				
False Report of a Crime				
False Report – I.D. Info to Police				
Fireworks Prohibited (outdoor fires)				
Harassment				
Strike/Shove/Kick				
Obscene Gesture/Language				
Following Person				
Initiates Threatening Communication				
Telephone Contacts				
Repeated Communication				
Insult/Taunt/Challenge				
Stalking				
Harboring a Runaway				
Impersonating, Criminal				
Impersonating, A Peace Officer				
Impersonating, A Public Servant				
Indecent Exposure				
Interference/Obstructing Officers				
Kidnapping				
Littering				
Loitering				
Menacing with Deadly Weapon				
Missiles, Throwing at Vehicles				
Noise, Unreasonable				
Obstructing Emergency Services Personnel				
Obstructing Government Operations				
Official Misconduct, 1 st Degree				
Official Oppression				
Pandering				
Panhandling				
Perjury, 2 nd Degree				
Prostitution, Engaging In				
Prostitution, Soliciting				
Public Indecency				
Reckless Endangerment				
Resisting Arrest				
Sales, Door to Door				
Sales, Without license or permit				

State and Municipal Offenses Place an "X" in the appropriate box or boxes	Committed	Ticketed	Arrested	Convicted
Sex Offender, Failure to Register as a				
Sexual Assault, Any Form of				
Sexual Contact, Unlawful				
Simulating Legal Process				
Soliciting Unlawful Compensation				
Tampering with a Witness/Victim				
Theft (<\$100)				
(\$100 - \$500)				
(\$500 - \$15,000)				
(from a person)				
Theft by Receiving				
Tobacco:				
Furnish to Minors				
Purchase by Minors				
Sales to Minor				
Trading in Public Office				
Trespassing, 1 st Degree (house or car)				
2 nd Degree (fences or hotels)				
3 rd Degree				
Violation of Bail Bond Conditions				
Violation of Restraining Order				
Weapons:				
Concealed Weapon				
Possession of a Dangerous Weapon (silencer, machinegun, short shotgun, short rifle, ballistic knife)				
Possession of an Illegal Weapon (blackjack, gas gun, brass knuckles, gravity knife, switchblade)				
Discharge a BB Gun or Pellet Gun				
Discharge of Bow and Arrow				
Discharge of Firearm (into bldg/car)				
Window Peeping				

If you have ever, as an adult or juvenile, been arrested for, taken into physical custody for, been issued a misdemeanor citation for (excluding traffic citations), or convicted of any of the above crimes, please give the following information: (The fact that your record may have been sealed, expunged, released, or pardoned has specific legal implications as to how you answer this question):

Date	Agency/Location	Charge	Disposition

As an adult, have you ever been placed on probation by any court?

Yes No If "yes", please give details to include when, where, and why:

Please list any other crimes you may have committed, REGARDLESS of whether stopped, arrested, and/or convicted, to include what, when, where, how, and why: (attach additional pages as necessary)

DRUGS

Have you ever tried, experimented with, or in any way introduced into your body by any means:

Drug	Yes	No	Date First Used	Date Last Used	Once
Marijuana					
Cocaine (Crack, Blow)					
Hashish/Hashish Oil					
Ecstasy or other Party Drug					
Methamphetamines (Speed, Crank, Rock, Ice, Crystal)					
Amphetamines (Cross tops, Whites, Bennies)					
Barbiturates, Hypnotics, or Downers					
LSD, Acid, Mushrooms or Hallucinogens					
PCP (Angel Dust, Sherm)					
Heroin or Other Opiates					
Steroids					
Pharmaceutical Drugs not prescribed to you					

Questionnaire	Yes	No
Is there any other drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance which you thought was an illegal drug, but do not know the name of it or later found out that it was not?		
Have you ever injected any type of illegal drug into your body?		
Have you ever sold any type of illegal drug?		
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation, or production of any type of illegal drug, narcotic or controlled substance?		
Have you ever acted as a courier by transporting any type of illegal drug, narcotic or controlled substance?		
Have you ever acted as a middle man, go-between, or "done a favor for a friend" by becoming involved in any type of illegal drug transaction?		
Have you ever told anyone where to purchase any type of illegal drug?		
Have you ever temporarily stored or "held" any type of illegal drug, narcotic or controlled substance?		
Have you ever had any type of illegal drugs in your possession while at work?		
Have you ever bought or sold any type of illegal drug at work?		
Are there presently any types of illegal drugs in your home or car?		

Explain any "yes" answers to the Drug Use Questionnaire in detail below, to include when, where, and what kind of drug, how taken and circumstances.

REFERENCES

Please provide a minimum of four (4) and a maximum of six (6) references (*not relatives, employers, or significant others or their relatives*) who would be able to comment on your character, experience, personality and other qualities related to this job. These references should not be the same as in the employment section. Please provide complete, accurate information.

Name	Phone (home)	Phone (work)
Address		City/State/Zip
E-mail Address	Acquaintance (<i>how do you know them?</i>)	

Name	Phone (home)	Phone (work)
Address		City/State/Zip
E-mail Address	Acquaintance (<i>how do you know them?</i>)	

Name	Phone (home)	Phone (work)
Address		City/State/Zip
E-mail Address	Acquaintance (<i>how do you know them?</i>)	

Name	Phone (home)	Phone (work)
Address		City/State/Zip
E-mail Address	Acquaintance (<i>how do you know them?</i>)	

Name	Phone (home)	Phone (work)
Address		City/State/Zip
E-mail Address	Acquaintance (<i>how do you know them?</i>)	

Name	Phone (home)	Phone (work)
Address		City/State/Zip
E-mail Address	Acquaintance (<i>how do you know them?</i>)	

GENERAL INFORMATION

Are you now, or ever have been, a member of any foreign or domestic association, movement, or group of persons that is, or was, totalitarian, fascist, communist, terrorist, or subversive in nature, or which has adopted or expressed a policy advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States of America, or which seeks to alter the form of government of the United States of America by unconstitutional means?

Yes No If "yes", identify the organization and explain fully.

List organizations, clubs, professional societies, or associations of which you are, or have been, a member.

Name of Group	City & State	Status & Position in Group

List any identifying scars, marks, tattoos, burns or birthmarks you have.

This position involves shift work. A new employee could be assigned any shift during the probationary period. In addition, you may be required to work overtime and must be available for emergency call-in overtime. You will have between two and three days off per week and you will work a high percentage of holidays, weekends and may not be able to get time off for personal events like anniversaries, birthdays, etc. Are you willing to work all hours of the day, all days of the week, holidays, special family occasions, and overtime when assigned? Yes

Do you belong to any organization or do you adhere to any belief(s) that in any way:

Would restrict or prohibit you from working on particular days or during particular hours? Yes No

Would restrict you from conforming to agency grooming standards? Yes No

If "yes", please explain in detail on an attached page.

LETTER OF UNDERSTANDING

I am applying for a position with the Brownstown Fire Department. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must participate in and cooperate with an initial interview conducted by an officer or representative of the Brownstown Fire Department.

I understand that I must cooperate and submit to an extensive background investigation, which consists of the following areas of concern at a minimum:

- Review of my completed Personal History Statement
- Thorough criminal background check
- Thorough examination of prior employment
- Examination of my driving record
- Examination of my personal credit/financial report

I understand that as part of this process I will participate in an Oral Interview Board, which will evaluate my potential suitability for employment. This in turn will be followed by my completion of all of the following tests:

- Drug screening test
- Standard medical examination
- Hearing test
- Psychological evaluation

The aforementioned tests will be administered in a manner selected by the Brownstown Fire Department. I understand that the results of the tests are the property of the Brownstown Fire Department and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A final decision as to my suitability for employment will be made by the Brownstown Fire Command Staff after all tests, in light of the requirements of the job, along with the previous information have been reviewed.

I agree to assist in the expedient conclusion of these reviews, tests and examinations. I understand that successful completion of this process does not guarantee employment with the Brownstown Fire Department, only that I will be considered for positions as they become available, pursuant to established rules and regulations of the Brownstown Fire Department. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the Charter Township of Brownstown Fire Department.

Signature of Applicant _____

CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Brownstown Fire Department in this Personal History Statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief.

I understand that any mis-statement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal.

I further understand that these aforementioned mis-statements, omissions, or deceptions are also grounds for termination after employment, without notice and without any right of appeal.

Signature of Applicant _____

Printed Name _____

Applicant's Social Security Number: ____ - ____ - ____ Date of Birth: _____

Dated this _____ day of _____, 20____.

Subscribed and Sworn to before me this _____ day of _____, 20____.

Notary Public in and for said County of _____ State of _____

Notary Public: _____

My commission expires: _____

AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

I, _____, authorize the release, review and full disclosure of all records, or any part thereof, concerning me to any authorized agent of the Charter Township of Brownstown Police/Fire Department, whether the records are of a public, private or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any consumer credit reports and criminal background reports for employment purposes in accordance with the Fair Credit Reporting Act ("FCRA or the Act").

The term "employment purposes" means the use of a consumer report or investigative consumer report "for the purpose of evaluating a consumer for employment, promotion, reassignment, or retention as an employee".

A "consumer report" is any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used for employment purposes.

An "investigative consumer report" is defined in the FCRA as a consumer report in which information on a consumer's character; general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer.

The employer must provide the applicant or employee with a copy of the report and a written statement of his or her rights under FCRA before taking any adverse action "in whole or in part" as a result of credit information obtained. The term "adverse action" means "denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee". The applicant or employee has the right to request additional information with respect to the nature and scope of the "credit" investigation.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the Charter Township of Brownstown Police/Fire Department to consider in determining my suitability of employment.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person, to whom this request is presented, as well as his or her agents and employees, from and against all claims, damages, losses and expenses, to include reasonable attorney fees, arising out of or by reason of complying with this request.

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may appear to be, and the sources of information specifically enumerated about are not intended to deny access to any records not specifically identified herein. The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation, which may provide pertinent data for the Charter Township of Brownstown Police/Fire Department to consider in determining my suitability for employment by that Agency. In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person(s) to whom this request is presented, as well as his 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.

This release form and any photocopy of this release form, even though said photocopy does not contain an ORIGINAL writing of my signature will be valid and should be honored for a period of one (1) year from the date of my signature.

Signature of Applicant _____ Social Security Number: ____ - ____ - ____

Date of Birth: _____ Dated this _____ day of _____, 20____.

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

Notary Public in and for said County of _____, State _____

My commission expires on: _____

Notary Public

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

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

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

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Brownstown Fire Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that all relevant information concerning my employment and personal history be disclosed to the above Department.

I hereby authorize any representative of the Brownstown Fire Department bearing this release to obtain any information in your files pertaining to my employment records, excluding medical records. I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the Brownstown Fire Department whether such records are of public, private, or confidential nature. 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 that may provide pertinent information for the Brownstown Fire Department to consider in determining my suitability for employment with that Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me. This includes but is not limited to the following: employment records; personal background and reputation information; military service records; educational records; financial status and records; criminal history records to include all arrest records and any information contained in the investigatory files; efficiency and performance evaluation ratings, complaints or grievances filed by or against me; records or recollections of attorneys at law or other counsel whether representing me or another person in any case, either criminal or civil in which I presently have or have had an interest; attendance records; polygraph examinations and results thereof; and any internal affairs investigations and/or disciplinary actions taken against me, including any files which have been deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from any liability or damages that may result from releasing or furnishing the information requested, including any liability or damage pursuant to any State or Federal laws. I hereby release you, as custodian of such records, and all other officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Brownstown Fire Department regardless of any agreement I may have made with you previously to the contrary. The Brownstown Fire Department, requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Brownstown Fire Department's acceptance and processing of my application for employment, I agree to hold officers, its agents and employees harmless from any and all claims and liability associated with my application or in any way connected with the decision whether or not to employ me with the Brownstown Fire Department. I understand that should information of a serious criminal nature become known as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and I waive those rights with the understanding that information furnished will be used by the Brownstown Fire Department in conjunction with employment procedures.

A photocopy or FAX copy of this release waiver will be valid as an original thereof, even though said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for six months (180 days) from the notarized date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address or phone number listed on this document.

I agree to indemnify and hold harmless the person to whom this request is presented, their agent(s) and employees, from and against all claims, damages, losses and expenses including reasonable attorney's fees arising out of or by any reason of complying with this request.

Printed Name	Subscribed and sworn before me this _____ day of _____
Signature	Notary Public
Date	My commission expires _____