

**EDINBURG TOWNSHIP
PORTAGE COUNTY, OHIO**

<i>Trustees</i>		<i>Fiscal Officer</i>	
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 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 Trustee 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.

DO NOT Sign this form unless a township employee is able to witness

Signature: _____ Printed Name: _____

Date: _____ (

Witness to Signature: _____ Printed Name: _____

Date: _____

EDINBURG TOWNSHIP EMPLOYMENT APPLICATION

PO Box 485, Rootstown, OH 44272

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 _____

Drivers License Number: _____ Date Expires: _____ Issuing State: _____

Home Phone Number: _____ Cell Phone Number: _____

EDUCATION:

INSTITUTION	NAME OF SCHOOL AND LOCATION	GRADUATED	TYPE OF DEGREE
HIGH SCHOOL			
COLLEGE			
OTHER DEGREE			

WORK EXPERIENCE

1. Present/last Employer: _____

Address: _____

Phone # _____ Position (Job Title) _____

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

Duties Performed: _____

2. Past Employer: _____

Address: _____

Phone # _____ Position (Job Title) _____

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

Reason for Leaving: _____

Duties Performed: _____

REFERENCES

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

1. Name: _____

Address: _____

Phone #: _____ how long have you known this person? _____

2. Name: _____

Address: _____

Phone #: _____ how long have you known this person? _____

Are you related to or have a business relationship with any of the Township Trustees Listed on Page one of this Application: Yes ___ No ___

If Yes, please state relationship _____

Contact person in case of emergency:

Name: _____ Relationship: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Applicants Signature _____

Date _____