



Hamilton Township

Applicant Release of Background Information Form

I, _____ residing at _____, for the last ____ (years / months), have applied for employment with Hamilton Township _____ Department. I have been advised and understand that a representative of Hamilton Township will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that, in conducting this background investigation, officers will be making inquiries of: officials and records offices at schools which I have attended; police or courts with whom I may have an arrest or conviction record; present and previous employers; and, any other persons who may be able to provide information about me which Hamilton Township desires.

I hereby, expressly release and waive all provisions of state and federal law which may forbid disclosure of information from any school official, court, police agency, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested by Hamilton Township. I further consent that Hamilton Township, or their representative, be provided a copy of any such record concerning me upon request.

I further release, discharge, exonerate Hamilton Township and Hamilton Township Trustee Board, Warren County, Ohio, its agents, officers, representatives, and any person, agency, company, organization, or firm furnishing information from any and all liabilities of every nature arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by or on behalf of Hamilton Township.

I hereby request and authorize the Department of the _____ (Air Force, Army, Coast Guard, Marines, or Navy) to furnish Hamilton Township the records of each period of my service, and furnish the character of services rendered. My service number is/was _____.

I understand that a screening committee will review my background investigation and determine my eligibility for appointment. All other civilian backgrounds are reviewed to determine eligibility.

I recognize the right of Hamilton Township to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such confidential informed sources, and information obtained therefrom.

A photocopy of this authorization is to be accepted the same as the original.

Printed Name of Applicant

Signature of Applicant

SSN: _____

Witness (Notary Seal preferred)

Date: _____