



Bradner Police Department
130 N. Main Street
Bradner, Ohio 43406
(419) 288-2222
Fax: (419) 288-0053



RELEASE OF INFORMATION WAIVER

Applicant Name (Last, First, Middle) _____ Sex _____ DOB _____

Place of Birth (City, County, State/Country) _____ SSN _____

I _____, do hereby authorize review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Bradner Police Department, whether the said records are of public, private or confidential nature.

This release when presented by a duly authorized representative of the Bradner Police Department constitutes my consent and authority to examine, obtain copies/abstracts of records and to receive statement/information regarding my background.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions (including records of deposits, withdrawals and balances of checking and savings accounts, loans, and also the records of commercial or retail credit agencies including credit reports and/or ratings); public utility companies; employment and pre-employment records (including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records); real and personal property tax statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law (including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, where so ever located (to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest; military/civilian government records from Military Personnel Record Centers/National Personnel Records to include (employment, educational, medical, psychological, financial, credit, military service and UNDELETED copy of separation and medical documents).

I reiterate and emphasize that 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 which may provide pertinent data to the Bradner Police Department, in determining my suitability for employment by the Village of Bradner. It is my specific intent to provide access to personal information however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Village of Bradner. I understand that all materials pertaining to this background investigation become the property of the Bradner Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, 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. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be considered valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Signature of Applicant _____ Street Address _____

City _____ State _____ Zip Code _____

Subscribed to and sworn before me this _____ day of _____, _____

Notary: _____ My commission expires _____, _____

SEAL:

12. List any other names you have used, or have been known by, including alias, etc.							
13. Age	14. Gender	15. Race	16. Height	17. Weight	18. Eyes	19. Hair	20. Scars, marks, tattoos, marks
21. U. S. Citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Naturalized?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Naturalization Certificate Number			Where naturalized?			Date	
23. Place of birth (City, County, State, Country)							

B. MARITAL STATUS Married Single Separated Divorced Widowed

List all marriages, divorces, separations				
1. Date married	Where married	Name of spouse (Maiden name, if wife)	If dissolved, where and date	
2. List person with whom you reside	Date of birth	Relationship	Phone	Occupation
3. List person(s) with whom you have resided in the past	Relationship	Present address, city, state, zip	Phone	Occupation
4. List any close relationship (boyfriend, girlfriend, fiancée)	Relationship	Present address, city, state, zip	Phone	Occupation

C. RELATIVES: List below all parents, step-parents, brothers, sisters, step-brothers/sisters. List children, step-children, and adopted children on next page. If deceased, please indicate so.

1. Father's full name	Home address, city, state, zip	Phone	Occupation
2. Mother's full name (Maiden)			
3. Step-father's or step-mother's full name			
4. Brothers' and sisters' full name			

E. EDUCATION : List all elementary, junior high, high school, colleges, universities and any other training schools attended. You **must** provide a transcript of all high school and college courses completed.

Type of school	Name of school	City and State	From		To		Graduate		Total Hours	Degree/Certificate Received
			Mo./Yr.		Mo./Yr.		Yes	No		
Elementary School										
Junior High School										
High School										
Junior College										
College or University										
Other Schools										
1. Were you ever expelled or suspended from any school? If yes, explain:			<input type="checkbox"/> Yes		<input type="checkbox"/> No					
2. Please add here any other comments regarding your academic history										

F. MILITARY STATUS

1. Have you ever served in any military organization of the United States? If yes, branch of service:			<input type="checkbox"/> Yes		<input type="checkbox"/> No					
2. What type of discharge did you receive? Be exact.			<input type="checkbox"/> Honorable		<input type="checkbox"/> Dishonorable		<input type="checkbox"/> Honorable Conditions		<input type="checkbox"/> Other	
If other, explain:										
3. Were you ever court martialed, tried on charges, or were you the subject of a summary court, deck court, Captain's Mast, or company punishment, or any other disciplinary action while a member of the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain (gives dates and disposition):										
4. Are you now or have you ever been a member of the U.S. Reserves or National Guard? If yes, branch of service:			<input type="checkbox"/> Yes		<input type="checkbox"/> No					
5. List any disciplinary action taken against you in the Reserves unit or National Guard; explain:										

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G. EMPLOYMENT: List below *all* jobs (full time, temporary, and part time) you have ever held. Put your present or most recent job *first*. Include military service in proper time sequence, and also *all* periods of unemployment. Please note that *all* employers will be checked, including present employer. Please provide full name and addresses of employers, supervisors, and co-workers.

1. From Date	Name of employer	Job Title/Position		<input type="checkbox"/> Full Time
To Date	Address	Name Of Supervisor	Name of Co-Worker	
Salary/Mo.	City, State, Zip Code	Phone () Area Code	Reason For Leaving	
List any disciplinary action taken against you				
2. From Date	Name of employer	Job Title/Position		<input type="checkbox"/> Full Time
To Date	Address	Name Of Supervisor	Name of Co-Worker	
Salary/Mo.	City, State, Zip Code	Phone () Area Code	Reason For Leaving	
List any disciplinary action taken against you				
3. From Date	Name of employer	Job Title/Position		<input type="checkbox"/> Full Time
To Date	Address	Name Of Supervisor	Name of Co-Worker	
Salary/Mo.	City, State, Zip Code	Phone () Area Code	Reason For Leaving	
List any disciplinary action taken against you				
4. From Date	Name of employer	Job Title/Position		<input type="checkbox"/> Full Time
To Date	Address	Name Of Supervisor	Name of Co-Worker	
Salary/Mo.	City, State, Zip Code	Phone () Area Code	Reason For Leaving	
List any disciplinary action taken against you				

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G. Employment (continued)

6. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain, giving name and address of employer, approximate date, and reason in each case.			
7. Have your employers always treated you fairly? <input type="checkbox"/> Yes <input type="checkbox"/> No if not, explain:			
8. Do you understand that this position requires shift work and frequent weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Do you understand that this position requires wearing a uniform? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Have you ever received unemployment compensation, or other federal, state or local benefits or assistance (i.e., , welfare, ADC[Aid To Dependent Children], food stamps, general relief, social security, energy assistance, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of assistance	Local office – complete address	Starting date	Ending date

H. CRIMINAL HISTORY

1. Have you ever been:
 - a. Arrested Yes No
 - b. Detained Yes No
 - c. Charged with any violation of criminal law:

1. Felony Yes No
2. Misdemeanor Yes No

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2. Felony arrest and/or charges:

Date	Location and arresting agency	Charge	Penalty and disposition	Details

3. Misdemeanor arrest and/or charges (including traffic related misdemeanors, such as driving under the influence):

Date	Location and arresting agency	Charge	Penalty and disposition	Details

4. Has any arrest for any criminal charge (felony or misdemeanor) ever been reduced to a lesser charge?

Yes No If yes, give details.

Date	Court of jurisdiction	Original charge	Reduced charge	Details

I. MISCELLANEOUS CRIMINAL/TRAFFIC/CIVIL HISTORY

1. Have you ever been cited or required to pay a bond or fine for other violations not listed in section H?

Yes No

If yes, give details. _____

2. Have you ever been placed on probation? Yes No

If yes, give details.

Date	Court of jurisdiction	Length of probation	Conditions	Probation officer

I. MISCELLANEOUS CRIMINAL/TRAFFIC/CIVIL HISTORY (continued)

3. Have you ever been on parole? Yes No If yes, give details.

Date	Supervising agency	Length of parole	Conditions	Parole officer

4. Have you ever been fingerprinted by a law enforcement or criminal justice agency stemming from an **arrest**?
 Yes No If yes, give details.

Date	Agency	Purpose of fingerprinting

5. Have you ever been fingerprinted by a law enforcement or criminal justice agency stemming from other than an **arrest**?
 Yes No If yes, give details.

Date	Agency	Purpose of fingerprinting

6. Have you ever failed to file or to pay required municipal, state or federal income returns or taxes?
 Yes No If yes, give details.

7. Did criminal or civil action result from failure to file or pay taxes?
 Yes No If yes, give details.

8. As a result of a court order, are you required to pay child support? Yes No If yes, give details.

Date of court order	Are you current? (yes or no)	Are you in arrears? (yes or no)	Amount of arrearages	Date of last payment	Amount of last payment

Comments:

Date

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