Town of Brookfield
Fire Department

TOWN OF BROOKFIELD FIRE DEPARTMENT
AUTHORIZATION TO PERFORM BACKGROUND INVESTIGATION FORM

I, _____ , authorize the Town of Brookfield Fire Department to perform a background investigation of any information that I have submitted with this application. This investigation can include and is not limited to contact with past or current employers, references that have been listed, educational verification, criminal history, and driving record. I understand that I will be removed from the process or terminated if any information that I have provided is known to be untrue. I have included information in this packet that is to be truthful and accurate to the best of my knowledge and have made no attempt to falsify any information that I have submitted.

I agree that if I am offered employment with the Town of Brookfield Fire Department I will obtain a medical release from my physician stating that I meet the requirements to perform the duties of a Firefighter/EMT that are explained in the job description for the Town of Brookfield Fire Department. This will be at my own expense.

I understand that I may be subject to a pre-employment drug screening prior to employment and that this will be at the department's expense. I understand that the Town of Brookfield has no tolerance policy for illegal drug use.

_____ _____ / / _____
Applicant Signature Date

_____
Witness Name (Print)

_____ _____ / / _____
Witness Signature Date