

CITY OF ARCOLA

Arcola Police Department
114 N. Locust
Arcola, IL 61910

Authorization for Release of Personal Information,
Waiver of Right to Inspect
And
Waiver and Release of All Claims

I, *(Print Name Legibly)* _____, am applying for a position with the City of Arcola, Illinois. I understand that in order to gauge my fitness for the position, the City of Arcola, Illinois, must conduct a thorough and complete background investigation. I understand that in order to facilitate a thorough and complete background investigation and to ensure complete candor on the part of those providing the necessary information, I must:

1. Consent to an investigation by the City of Arcola, Illinois, concerning my background;
2. Waive any and all claims I might otherwise have against those individuals who conduct the investigation, or those who cooperate and provide information to the City of Arcola; and
3. Waive my right to review the completed background investigation.

Position Applied For

In an effort to assist the City of Arcola in conducting the background investigation, I am requesting full and complete disclosure of any information, which could be deemed relevant to job performance, including character information. I further request that this release take precedence over any previously agreed upon disclosure agreements that I may have entered into.

I understand that any of the information obtained by a personal background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the City of Arcola, Illinois.

Initials

Information Requested Through this Release

I, *(Print Name Legibly)* _____, do hereby authorize a review of and full disclosure of all records and recollections concerning myself to any duly authorized agent of the City of Arcola, Illinois, whether the said records and recollections are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records or recollections of:

- Educational Institutions;
- Landlords;
- Financial or Credit Institutions (includes records of loans, records of commercial or retail credit agencies and other financial statements and records wherever filed);
- Employment and Pre-employment records (includes applications, background reports, efficiency ratings, recollections of employer and co-employees, complaints or grievances filed by or against applicant and records of discipline);
- Attorneys at Law or other Counsel (includes attorneys or counsel, whether representing applicant or another person in any case, either criminal or civil, in which applicant presently has or previously had an interest);
- Police Department or other Law Enforcement Agency.

I hereby do release any person(s) who may furnish information from any and all liability, which may be incurred as a result of furnishing such information. I further release the City of Arcola, Illinois, from any and all liability, which may be incurred as a result of collecting such information.

This Release specifically includes, but is not limited to, claims in tort under Illinois common law, state or federal civil rights violation or any other claims under state or federal constitution, city ordinance, statutes, rules or regulations. I hereby covenant and agree never to institute directly, or in any other manner, or participate as a party in any action or proceeding (whether judicial, administrative, or otherwise) of any kind whatsoever against any of the parties identified above relating to release or disclosure of information.

I understand that information obtained during this investigation may be provided to others providing that the City of Arcola is furnished a release signed by me authorizing the disclosure of such information.

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

I have read and fully understand the contents of this two page document entitled **Authorization for Release of Personal Information, Waiver of Right to Inspect and Waiver, and Release of All Claims.**

(Applicant Signature, include maiden name if applicable)

(Date)

(Social Security Number)

(Date of Birth)

(Drivers License # and State)

(Witness)

(Date)