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<u>AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION AND PERSONNEL RECORDS</u>

| In connection with my application for employment Barrington"), I, | detective Agency, Inc., ("Gold Shield") and their e used solely for employment-related purposes. I aformed as to my ability, job performance, reasons personal characteristics, and work habits. I hereby restigate and to ascertain any and all information her same is of record or not. I understand that the resonnel records and/or other documents including are, have been or are intended to be used in otion, transfer, additional compensation, discharge agation files, separation agreements, performance to onal or disciplinary records, including those |
|---|--|
| I authorize without reservation any party or agency contacted by South Barrington and/or Gold Shield to furnish the above-mentioned records. I agree to take all steps necessary to obtain for South Barrington and/or Gold Shield any and all records deemed necessary and useful in the consideration of my application and will execute any authorizations and/or releases necessary for that purpose. | |
| I hereby waive my right to receive written notice from any and all former employers that provide copies of my personnel records to South Barrington and/or Gold Shield pursuant to the Personnel Record Review Act. 820 ILCS 40/7(3)(a). | |
| I hereby release South Barrington and/or Gold Shield, my former employers, and all other persons' corporations, partnerships, and associations of any and all claims, demands or liabilities arising out of or in any way related to this investigation and disclosure of information. | |
| A photocopy of this release form will be as valid as the original thereof, even though said photocopy does not bear the original writing of my signature. | |
| Given under my hand, this day of | |
| Signature | Printed Name |
| Subscribed and Sworn | |
| Date: | Notary Public |
| | notally rublic |