The Village of South Barrington

AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION AND PERSONNEL RECORDS

In connection with my application for employment with the Village of South Barrington ("South Barrington"), I, _____, understand that investigative inquiries may be obtained about me by South Barrington, Gold Shield Detective Agency, Inc., ("Gold Shield") and their authorized agents, and that any such inquiries will be used solely for employment related purposes. I request that South Barrington and/or Gold Shield be informed as to my ability, job performance, reason(s) for leaving employment, character, general reputation, personal characteristics and work habits. I hereby authorize South Barrington and/or Gold Shield to investigate and to ascertain any and all information which may concern any or all of the foregoing, whether same is of record or not. I understand that the nature and scope of this investigation may include personnel records and/or other documents including but not limited to any personnel documents which are, have been or are intended to be used in determining my qualifications for employment, promotion, transfer, additional compensation, discharge or other disciplinary action including performance evaluations and training records.

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 an original thereof, even though said photocopy does not bear an original writing of my signature.

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Driver's License #: _____ State: ___

Given under my hand, this _____ day of _____, 20_____

_____ _____
Signature Printed Name

_____ _____
Current Address City, State, Zip Code

Subscribed and Sworn:

_____ (Seal)
Notary Public

_____
Date