

**PARK DISTRICT OF OAK PARK**

**Authorization for Background Check  
Waiver and Release of All Claims**

Applicant's Name: \_\_\_\_\_  
Please Print (Last) (First) (M.I.)

Position Applied For: \_\_\_\_\_

*Please read this form carefully and be aware that by agreeing to allow the Park District of Oak Park to conduct a criminal background check, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.*

I understand that a criminal background check is a condition of being considered for employment or volunteering with the Park District of Oak Park. I understand and agree that the Park District of Oak Park reserves the right to conduct a criminal background check on me prior to my employment and/or at any time during my employment with the Park District.

I consent to the Park District of Oak Park obtaining my criminal conviction history from the Illinois State Police or an equivalent law enforcement agency. I further consent to an electronic search of my name and relevant history on the National Sex Offender Public Registry.

I understand that an offer of employment may be contingent upon the review of my background check to determine if I have had criminal convictions or traffic offences which would affect the job for which I am applying. Additionally, at any time during my employment by the Park District of Oak Park, continuation of employment may be contingent upon the review of subsequent background checks to determine if I have had any additional criminal convictions which would affect my job.

I understand that the Park District of Oak Park reserves the right to terminate, modify, or limit my employment relationship subsequent to receipt and review of my background check.

I understand I will be provided a copy of the criminal background check if any convictions are reported. It is my duty under the law to notify the Park District of Oak Park within seven (7) working days if the information is inaccurate or incomplete.

This form will be kept on file by the Park District for a minimum of two (2) years.

I agree to waive, relinquish and discharge the Park District of Oak Park, its officers, agents, and employees, from any and all claims for damages which may arise from participating in or as a result of the criminal background check.

I have read and fully understand this Waiver and Release of All Claims.

Printed Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No \_\_\_\_\_ optional

Sex (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female

Race (check one) \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Black \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ White  
\_\_\_\_\_ Other

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**  
Submitted \_\_\_\_\_ Results Received \_\_\_\_\_ Sex Offender \_\_\_\_\_