



Village of Libertyville

118 West Cook Avenue • Libertyville, Illinois 60048 • (847) 362-2430

CRIMINAL BACKGROUND CHECK WAIVER AND RELEASE OF ALL CLAIMS FORM

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT BY AGREEING TO ALLOW THE VILLAGE OF LIBERTYVILLE TO INVESTIGATE YOUR CRIMINAL BACKGROUND, 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 SUCCESSFUL CRIMINAL BACKGROUND CHECK IS A CONDITION OF MY EMPLOYMENT OR VOLUNTEERISM WITH THE VILLAGE OF LIBERTYVILLE.

I HEREBY AGREE TO THE VILLAGE OF LIBERTYVILLE CONDUCTING A CRIMINAL BACKGROUND CHECK ON ME AND RANDOMLY IN THE FUTURE UPON REASONABLE SUSPICION OF A CHANGE IN MY CRIMINAL BACKGROUND.

I AGREE TO WAIVE AND RELINQUISH ALL CLAIMS I MAY HAVE AGAINST THE VILLAGE OF LIBERTYVILLE AND ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES AS A RESULT OF PARTICIPATING IN ANY CRIMINAL BACKGROUND CHECK.

I DO HEREBY RELEASE AND DISCHARGE THE VILLAGE OF LIBERTYVILLE, ITS RESPECTIVE OFFICERS, AGENTS, SERVANTS AND EMPLOYEES FROM ANY AND ALL CLAIMS FROM DAMAGES WHICH I MAY HAVE OR WHICH MAY ACCRUE TO ME ON ACCOUNT OF THE RESULTS OF ANY ASPECT OF ANY CRIMINAL BACKGROUND CHECK.

I HAVE READ AND FULLY UNDERSTAND THE WAIVER AND RELEASE OF ALL CLAIMS.

SIGNATURE: _____ DATE: _____

PRINT LAST NAME: _____

PRINT FIRST NAME: _____ MIDDLE INITIAL: _____

DATE OF BIRTH: _____ GENDER: _____ RACE: _____

POSITION APPLIED FOR: _____

NAME OF SUPERVISOR: _____ DEPARTMENT: _____

*PLEASE ATTACH A COPY OF DRIVER'S LICENSE OR PICTURE ID.

FOR ADMINISTRATION USE ONLY		
SO.LIST: <input type="checkbox"/>	C.B.C <input type="checkbox"/> NONE	D.L. <input type="checkbox"/> VALID
COMPLETED BY: _____	DATE: _____	