



## Illinois Senior Services Inc. Criminal Background Check Authorization

### REQUIRED of all Field Staff candidates prior to any work assignments

In consideration for potential employment and/or employment with Illinois Senior Services Inc. Employer will make or will cause an agency on its behalf to make inquiries, including but not limited to, criminal history, public records, experience, or other qualifications for employment, including reasons for termination of past employment.

Please complete and sign below to authorize, without reservation, any party, including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by Employer or its agent to furnish any or all of the above-listed information. Your authorization releases Employer and its agent from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to us the above-mentioned information as requested, in order to successfully complete a background investigation.

*I authorize Illinois Senior Services Inc. to obtain criminal background information on me from the State Police in accordance with Company policies and contract regulations. I also authorize Illinois Senior Services Inc.*

The following information is required to complete the criminal background check: (ALL FIELDS REQUIRED)

#### PLEASE PRINT

<b>Last Name</b>	
<b>First Name</b>	
<b>Middle Initial</b>	
<b>Date of Birth*</b>	
<b>Sex</b>	
<b>Race</b>	
<b>Social Security Number</b>	

*\*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE LOCATION (city, state):** \_\_\_\_\_