



AUTHORIZATION FOR RELEASE OF CRIMINAL BACKGROUND INFORMATION

Submit form to: michels@plfdparks.org
Recreation Administration Center | 23729 W. Ottawa St., Plainfield IL 60544 | 815-436-8812

I, _____, born on _____, Year _____, understand that, as a part of the application process for employment with the Plainfield Township Park District, pursuant to 70ILCS 1205/8-23, that I am required to authorize the Plainfield Township Park District to investigate my criminal background to determine if I have been convicted of any of the criminal offenses listed in the above Act, or have been convicted of a felony within seven (7) years of this application for employment, or have committed or attempted to commit any act in any other jurisdiction that, if committed in the State of Illinois, would be punishable as a felony.

I further understand that the information that the Plainfield Township Park District will be requesting from the Department of State Police of Illinois will be used solely for the consideration and evaluation of my application for employment with the Plainfield Township Park District, and such information will not be disclosed to any person not involved in the evaluation process.

I further understand that, if my criminal background investigation reveals that I have been convicted of any of the enumerated offenses in the above referenced Act, or have committed or attempted to commit an act that would, if committed in this state, would be punishable as one or more of the offences listed in the above Act, I will not be considered for employment with the Plainfield Township Park District.

By affixing my signature to this document, I hereby authorize the Plainfield Township Park District to investigate my criminal background to the extent described herein.

Signature

Date _____ MM/DD/YYYY

If under 18 years old:
Parent/Guardian Print Name _____ Date _____

Parent/Guardian Signature _____

Please Complete Reverse Side of Form

