

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

BACKGROUND CHECK INFORMATION FORM

Last Name (Please print)	First Name	Middle Name
Maiden Last Name (if applicabl	e)	
City	State	Zip
Date of Birth		
GENDER:Male	Female	

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify)

_____Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

_____Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

<u>American Indian or Alaska Native (Not Hispanic or Latino)</u> A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

_____**Two or More Races (Not Hispanic or Latino)** All persons who identify with more thanone of the above five races.

plfdparks.org