CITY OF
Crystal Lake
ILLINOIS

CONSENT AND RELEASE FOR JOB APPLICATION, BACKGROUND CHECK AND PHYSICAL ABILITY ASSESSMENT

Application and Background Check

I acknowledge that as a condition of being considered for employment with Crystal Lake Police Department ("Employer"), or of my continued employment at Employer, it is required that I consent to an investigation of my background. I hereby authorize Employer to conduct certain background investigations which may include, but are not limited to, my employment history and references, criminal history, driving records, personal references, verifications of academic credentials and licenses, military history, and credit and consumer reports, as permitted under the federal Fair Credit Reporting Act ("FCRA") and local or state credit privacy laws if applicable. If requested by Employer, I hereby consent to participate in a personal interview, testing process, polygraph examination, and/or post-offer psychological evaluation and medical evaluation.

All information obtained by Employer pursuant to this background check shall be confidential and safeguarded against disclosure to all unauthorized persons. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this consent, from liability that might results from the request for, use of, and/or disclosure of any background information, as described above. I further released and hold harmless Employer and their respective personnel from any liability resulting from or in connection with, the results of this background investigation concerning my fitness for employment or continued employment at Potential Employer.

I hereby consent to this background information investigation by Employer. I understand that I may request a copy of any consumer report from the consumer reporting agency that compiled the report, in accordance with the requirements of the FCRA.

I hereby certify that I have read this document and I understand its content.

Print Name: _____ Social Security Number: _____

Signature: _____ Date: _____