

Hazel Crest Police Department

Chief of Police
Mitchell R. Davis III, M.S.C.J.

3000 West 170th Place
Hazel Crest, Illinois 60429

Phone: 708-335-9640
Fax: 708-335-9648

Authorization to Release Information and Waiver

I, _____, an applicant for a position of _____ with the Hazel Crest Police Department, understand and acknowledge that the Hazel Crest Police Department needs to thoroughly investigate my personal and employment histories to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment histories be disclosed to Hazel Crest Police Department.

NOTE TO EMPLOYERS: 745 ILCS 46/10 entitled "No liability for providing truthful information" states the following:

Any employer or authorized employee or agent acting on behalf of an employer who, upon inquiry by a prospective employer, provides truthful written or verbal information, or information that it believes in good faith is truthful, about a current or former employee's job performance is presumed to be acting in good faith and is immune from civil liability for the disclosure and the consequences of the disclosure.

The presumption of good faith established in the Section may be rebutted by preponderance of evidence that the information disclosed was knowingly false or in violation of a civil right of the employee or former employee.

I do hereby authorize any representative of the Hazel Crest Police Department bearing this release to obtain any information in your files pertaining to my employment records and direct you to release such information upon request of the bearer. I also authorize a review of, and full disclosure of all records and any part thereof, concerning myself by and to any duly authorized agent of the Hazel Crest Police Department, whether said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

This authorization is not to include any medically related history or Worker's Compensation Act or Worker's Occupational Diseases Act claims; notwithstanding any HIPAA waivers that may be contained within any file associated with my employment by your agency.

I reiterate and emphasize that the specific intent of this authorization is to provide full and free access to my employment background and employment history for the specific purpose of pursuing a background investigation that may provide pertinent data for the Hazel Crest Police Department to consider in determining my suitability for employment with the Hazel Crest Police Department.

I consent to your release of any and all public and private information that you may have concerning me including, but not limited to the following:

- Employment and pre-employment information, including, but not limited to, background reports and efficiency/performance ratings, attendance records, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made);

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- Any internal affairs investigations and discipline, whether founded or unfounded, sustained or not sustained or any finding including any files deemed to be confidential and/or sealed complaints or grievances filed by or against me;
- The records or recollections of attorneys at law or other counsel, whether representing me or any other person in any case, either criminal or civil, in which I presently have, or have had an interest, excluding any medical malpractice or worker's compensation claims;
- Personal background and reputation information;
- Military service records;
- Educational records;
- Financial and/or credit records including loans, commercial or retail credit histories (including credit reports and/or ratings); and bankruptcies;
- Any and all records maintained by any criminal justice or correctional agency including incident reports, arrest records, traffic citations and criminal history information, or any records maintained by an employer regarding any civil actions filed against me for alleged wrongdoing within the scope of my employment; and
- Any information contained in investigatory files.

I hereby release you, as the custodian of such records, your investigation, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages or whatever kind, which may at any time result to me, my heirs, my family, or associates because of compliance with this authorization to release information or any attempt to comply with it. I direct you to release such information upon request of the duly authorized representative of the Hazel Crest Police Department regardless of any agreement I may have previously made to the contrary. For and in consideration of the Hazel Crest Police Department acceptance and processing of my employment application, I agree to hold the organization, its agents, and employees harmless from any and all claims and liability associated with my employment application, or in any way connected with decision whether or not to employ me with the Hazel Crest Police Department, including any liability or damage pursuant to any state or federal laws.

I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access of and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Hazel Crest Police Department

in conjunction with employment procedures. I also understand that by signing this release, I specifically waive any written notice to me of the disclosure of any disciplinary report, letter of reprimand, or other disciplinary action as required by the Illinois Personnel Record Review Act – 820 ILCS 40/7.

A photocopy, scanned or FAX copy of this release will be valid as an original thereof, even though said copy, scan or FAX copy does not contain an original writing of my signature. Should there be any question as to the validity of this release, you may contact me at the address listed below.

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I further understand that I waive any right or opportunity to read or review any and all information provided in the background investigation report prepared by the Hazel Crest Police Department or its attachments and that all information and documents provided to the Hazel Crest Police Department become the property of the Hazel Crest Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents/employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or any attempt to comply with this request.

By signing below, I certify that I have had adequate time to review this entire form and have read and clearly understand its purpose. _____ (initial)

Full Name (printed) Former Names

Date of Birth Last 4 digits of SS#

Address City State Zip Code

Home/Cell Telephone Numbers Work Number

Signature of Applicant Date

Witness Signature Date