



Metamora Park District
PO Box 633 Metamora, IL 61548
(309) 367-2932
director@metamoraparks.org

CRIMINAL BACKGROUND CHECK AUTHORIZATION

I understand that the Metamora Park District is required by the Illinois Uniform Conviction Information Act (70 ILCS 1205/80-230) to conduct a criminal background investigation of all applicants for employment at the park district.

I understand that a successful criminal background check is a condition of employment with the Metamora Park District.

I consent to the Metamora Park District to obtain my criminal conviction history from the Illinois State Police and/or federal authorities.

I understand I will be provided a copy of the criminal background check if any convictions are reported, and my duty under law is to notify the Metamora Park District within seven (7) days if the information is inaccurate or incomplete.

I hereby fully release and discharge the Metamora Park District, its Board of Commissioners, officers, agents, and employees from any and all claims for damages which may arise from participating in or as a result of the criminal background check, except for willful and wanton conduct.

I have read and fully understand this authorization.

By law, this form will be kept on file by the Metamora Park District for a minimum of two years.

Signature _____ Date _____

Print Name _____

Address _____

Date of Birth ____/____/____

Social Security Number ____-____-____