

**CRIMINAL BACKGROUND CHECK  
WAIVER AND RELEASE OF ALL CLAIMS FORM**

*PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT BY AGREEING TO ALLOW THE CITY OF CRYSTAL LAKE TO INVESTIGATE YOUR CRIMINAL BACKGROUND, YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR DAMAGES YOU MIGHT SUSTAIN IN ARISING OUT OF THE CRIMINAL BACKGROUND CHECK AND REVIEW.*

I UNDERSTAND THAT A SUCCESSFUL CRIMINAL BACKGROUND CHECK IS A CONDITION OF MY EMPLOYMENT WITH THE CITY OF CRYSTAL LAKE.

I HEREBY AGREE TO THE CITY OF CRYSTAL LAKE CONDUCTING A CRIMINAL BACKGROUND CHECK ON ME NOW, AND RANDOMLY IN THE FUTURE UPON REASONABLE SUSPICION OF A CHANGE IN MY CRIMINAL BACKGROUND.

I AGREE TO WAIVE AND RELINQUISH ALL CLAIMS I MAY HAVE AGAINST THE CITY OF CRYSTAL LAKE AND ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES AS A RESULT OF PARTICIPATING IN ANY CRIMINAL BACKGROUND CHECK.

I DO HEREBY RELEASE AND DISCHARGE THE CITY OF CRYSTAL LAKE, ITS RESPECTIVE OFFICERS, AGENTS, SERVANTS AND EMPLOYEES FROM ANY AND ALL CLAIMS FROM DAMAGES WHICH I MAY HAVE OR WHICH MAY ACCRUE TO ME ON ACCOUNT OF THE RESULTS OF ANY ASPECT OF ANY CRIMINAL BACKGROUND CHECK.

I HAVE READ AND FULLY UNDERSTAND THE WAIVER AND RELEASE OF ALL CLAIMS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT (LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

\_\_\_\_\_  
DATE OF BIRTH  
(MONTH/DAY/YEAR)

\_\_\_\_\_  
ADDRESS                      STREET                      CITY/VILLAGE                      STATE                      ZIP CODE

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
STATE OF DRIVER'S LICENSE

\_\_\_\_\_  
POSITION APPLIED FOR

\_\_\_\_\_  
NAME OF SUPERVISOR

\_\_\_\_\_  
ORGANIZATION AND/OR DEPARTMENT

<p>C.Q.H. <input type="checkbox"/> NONE</p>	<p>FOR ADMINISTRATION USE ONLY</p> <p>D.L. <input type="checkbox"/> VALID</p>	<p>COMPLETED BY: _____</p> <p>DATE: _____</p>
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