



Mail form to PRPD...P.O. Box 273 Park Ridge, IL 60068

Please Complete All Information Below (Please Print Legibly or Type)

Last Name (Full Legal): \_\_\_\_\_

First Name (Full Legal): \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_ (A=Asian/Pacific Islander, B=Black, I=American Indian/Alaskan Native, W=Hispanic, W=White, U=Unknown)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Criminal Background Check Release Form

I understand that a successful criminal background check is a condition of employment with the Park Ridge Recreation and Park District and that while I may be allowed to commence employment after a criminal background search has been initiated, such employment will be conditional pending the return of the results of said search to the Park Ridge Recreation and Park District, at which time my employment with the park district may be terminated without liability by the park district in the event that the results of the search reveal a conviction or convictions for any one or more of the prohibited offenses.

I consent to the Park Ridge Recreation and Park District obtaining my criminal conviction history from the Illinois State Police or the FBI.

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

I hereby fully release and discharge the Park Ridge Recreation and Park District, its commissioner, 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 release form.

This form will be kept on file by the Park Ridge Recreation and Park District for a minimum of 2 years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ [ ] I have previously completed this form

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

District volunteer or employee: \_Vol\_\_\_ Affiliate organization: \_\_\_\_\_ PR Baseball \_\_\_\_\_

League \_\_\_\_\_ Team Name \_\_\_\_\_