

**Instructions for  
Completing the Background Check Form**

Print the Background Check Form and manually complete or use Adobe Acrobat or Adobe Reader to fill this form.

When finished print the form and fax to 847-388-4900 or drop-off or mail the form to the Community Center, Attn: Human Resource Manager, 250 E. Wood Street, Palatine, IL 60067.

Get the free Adobe Reader from <http://www.adobe.com/go/reader>.



Program: \_\_\_\_\_

## **BACKGROUND INVESTIGATION AUTHORIZATION FORM**

As part of our screening and selection procedures for employment and volunteer services, a background investigation will be conducted. This investigation will be processed through the Illinois State Police.

A date of birth is needed to process your background information. It is intended solely for that purpose.

I authorize the Palatine Park District and its agents to investigate my background. This may include investigation of past employers, personal references, educational institutions, criminal records, and information contained in public records. I release all such persons and sources from any liability or damages on account of having furnished such information.

I authorize that a telephone facsimile (FAX) or photocopy of this authorization be accepted with the same authority as the original.

All information received will be treated with strict confidence.

**Please print full given name legibly.**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

Birth Date & Year: \_\_\_\_\_ Social Security #: XXX-XX-\_\_\_\_

Drivers License: \_\_\_\_\_ State Issued \_\_\_\_\_

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

**This Form may be faxed to the Palatine Park District  
private H.R. Computer E-Fax Number: 847-388-4900**