

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

Waukegan Township ("the Company") may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education (including transcripts), or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by CareerBuilder Employment Screening, LLC, 3800 Golf Road, Suite 120, Rolling Meadows, IL 60008, (866) 255-1852, www.careerbuilderscreening.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your assignment or employment to the extent permitted by law.

Signature: _____ **Date:** _____

[End of Document]

Page 1 of 1

NOTE: YOU MUST RETURN THIS DOCUMENT

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" by the Company at any time after receipt of this authorization and throughout my assignment or employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, branch of the military, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CareerBuilder Employment Screening, LLC, 3800 Golf Road, Suite 120, Rolling Meadows, IL 60008, (866) 255-1852, www.careerbuilderscreening.com and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants, volunteers, contractors or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York applicants, volunteers, contractors or employees only: By signing this form, you acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Washington State applicants, volunteers, contractors or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants, volunteers, contractors or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Signature: _____ Date: _____

PLEASE PRINT NEATLY AND MAKE SURE THE PRINTING IS LEGIBLE

First Name:

Middle Name:

Last Name:

Maiden Name:

Date Changed:

Other last names used:

Date Changed:

Other last names used:

Date Changed:

Other last names used:

Date Changed:

List all cities and states where you have lived for the past 7 years - Attach additional sheet if necessary

Street

City

County

State

ZIP

How Long?

Current

2:

3:

4:

Present Phone Number (with area code):

Social Security Number:

Date of Birth* (MM/DD/YYYY):

Gender*

Male Female

Driver's License Number:

Driver's License State:

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[End of Document]

Page 1 of 1

NOTE: YOU MUST RETURN THIS DOCUMENT

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: _____ Gender (circle): Male Female Race: _____

Current Address: _____
Street/Apt #
City State Zip Code

List all addresses at which you have resided in the past five years:

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services
406 E. Monroe - Station # 30
Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@Illinois.gov

Signed _____ Date _____

Please type, use bold letters or label:

WAUKEGAN TOWNSHIP
Serving Waukegan, North Chicago, Beach Park & Park City

Waukegan Township
149 South Genesee Street
Waukegan, IL 60085-5685

Juan Hernandez
Human Resources Manager

Phone: 847-244-4900
Fax: 847-244-5185
www.waukegantownship.com jhernandez@waukegantownship.com

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

