

Background Investigation Release and Consent

 Printed Name

 Date of Birth

 Social Security Number

Authorization for Release of Certain Information: I authorize a review and full disclosure of records concerning myself to any duly authorized agent of the Illinois Department of Corrections as described in the following two paragraphs:

1. I consent to and hereby authorize a full and complete disclosure of records of educational institutions and employment and pre-employment records, excluding medical records and including background reports, efficiency ratings, and complaints filed against me. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization may be considered in determining my suitability for employment or service at the Illinois Department of Corrections or one of its contractual facilities. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Illinois Department of Corrections from any and all liability, which may be incurred as a result of collecting such information.

2. I authorize the Illinois State Police, the Office of the Secretary of State, the State of Illinois, the Federal Bureau of Investigation, and any Law Enforcement Agency to release information relative to the existence or nonexistence of any criminal history record they may have concerning me to the Illinois Department of Corrections solely to determine my suitability for employment or service, or continued employment or continued service with the State of Illinois. I certify that the Illinois State Police, the Office of the Secretary of State, the State of Illinois, the Federal Bureau of Investigation, any Law Enforcement Agency and its officers or employees who furnish this information concerning me, shall not be held accountable for giving this information and I do hereby release and hold harmless the Illinois State Police, the Office of the Secretary of State, the State of Illinois, the Federal Bureau of Investigation, and any Law Enforcement Agency, their officers and employees from any and all liability which may be incurred as a result of releasing this information.

Please list any other names that you may have used on any of the records mentioned above:

N/A

Drug Testing: I understand that as part of the screening process, the Illinois Department of Corrections will conduct a background investigation in an effort to determine my suitability to fill the position for which I have applied or my suitability to provide services for the Department. In keeping with the efforts of the Illinois Department of Corrections to identify the most qualified individuals for employment, I do hereby voluntarily consent to the sampling and subsequent testing of my body fluids, including urine or blood, or both. I understand that positive test results for illegal drug usage or refusal to supply the necessary samples or tampering with or attempting to tamper with or adulterate the sample in any way shall be grounds for rejection of my application for employment or services. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the screening process to determine my eligibility for the position for which I have applied or my suitability for service. I further understand that if hired or approved, I will be subject to random or reasonable suspicion drug testing during my employment or term of service.

Consent to Search: I have been informed that the rules of the Illinois Department of Corrections and/or the laws of the State of Illinois (720 ILCS 5/31A) prohibit, among other things, individuals from bringing contraband into a penal institution, from placing any item of contraband in such proximity to a penal institution as to give an individual in custody access to contraband, and from possessing contraband in a penal institution. I understand that an item of contraband includes, but is not limited, to alcoholic liquor, cannabis, controlled substances, and any instrument adapted for the use of controlled substances or cannabis, weapons, ammunition, personal pagers, and cellular telephones. I understand that this consent to search is a condition of my being permitted to enter any correctional facility and that any searches are for the protection, safety, and security of all persons and property within the Illinois Department of Corrections and its facilities.

A photocopy of this release will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of the releases and consents stated herein.

 Applicant's Signature

 Date

 Witness's Signature

 Date