

Permission for Security Check

(Please read this statement carefully before signing this application)

I understand that employment requires proof of eligibility to work in the United States according to the Immigration and Control Act of 1988 and I will be able to provide the needed documentation to show my identity and eligibility upon hire.

I understand that employment with Tazewell County is at-will, meaning that I or Tazewell County may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I understand that I will need to successfully pass a background investigation, which may include inquiries to the Tazewell County Sheriff's Department and the Illinois State Police. Due to the nature of some positions, a polygraph test may also be required. I hereby give my permission to the Tazewell County Government to conduct such an investigation.

I hereby authorize Tazewell County to make such investigations and inquires of my personal and employment history, education, driving record, arrest record, credit history (if applicable) and such other activities as are related to these application materials as may be necessary in arriving at an employment decision.

I further authorize my past and present employers, schools, institutions, and all individuals, partnerships, associations or corporations and any other references to provide any information they may have regarding me. I hereby release them and their organization from all liability, claims and causes of action for issuing same.

I also understand that in the event I am selected for employment with Tazewell County, that I am required to abide by all rules and regulations of Tazewell County.

Print Full Name: _____

List any other names in which your employment and/or education can be verified (Maiden names, etc.):

Driver's License Number: _____

State: _____

Social Security Number: _____

Date of Birth: ____/____/____

(Used for background check only)

I understand this application will be active for a period of one year. After that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature: _____

Date: _____