



Program: Celtic Soccer

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 #: _____

Drivers License: _____ State Issued _____

Signature: _____ Date _____

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