

**Linda Sokol Francis Brookfield Library
Criminal Background Check
Waiver and Release of all Claims**

I understand that a criminal background check is a condition of employment, contractual arrangement, or volunteerism with the Linda Sokol Francis Brookfield Library.

I agree to the Linda Sokol Francis Brookfield Library obtaining my criminal conviction history from the Illinois State Police.

I understand that I will be provided a copy of the criminal background check results and if any convictions are reported, I must notify the Linda Sokol Francis Brookfield Library within seven (7) working days if any information is inaccurate or incomplete. I further understand that all results will be kept in confidential personnel files in the Library's Administration offices.

I understand this signed *Waiver and Release of all Claims* will be kept on file for a period of two (2) years and subsequent background checks may be conducted at the discretion of the Linda Sokol Francis Brookfield Library.

I hereby fully release and discharge the Linda Sokol Francis Brookfield Library, its officers, agents and employees from any and all claims from damages which may arise from participating in or as a result of the criminal background check.

I have read and fully understand this waiver and release.

PRINTED NAME: _____ GENDER: M ___ F ___

BIRTH DATE: (required) ___/___/___ ETHNIC RACE: _____

SIGNATURE: _____

DATE: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____