



SEASONAL AUTHORIZATION FOR RELEASE OF INFORMATION

Job Applicant Name: _____

Position Applied for: _____ **Job Location:** _____

I, the undersigned, authorize the City of Evanston to perform pre-employment screenings and background checks as part of the employment process. **Requirements will vary by position and can include any or all of the following:**

- DCFS Child Abuse and Neglect Background Check
- Illinois State Police Criminal History Check (fingerprinting or name check)
- Medical Testing including Drug and Alcohol Testing
- National and Illinois Sex Offender Registry
- Driver's License Verification

This authorization is intended to provide full access to information or documents for the specific purpose of allowing the City of Evanston to conduct a background investigation so that it can determine my suitability for employment.

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Issue: _____

Address: _____

Emergency Contact: Name: _____ Phone: _____

Relationship: _____

Signature

Date

Are you a foreign resident working in the United States? **YES*** NO
*If you checked **YES** - Are you Medicare/ FICA eligible? YES NO

Only for applicants under the age of 18:

PARENTAL CONSENT FORM

As the parent/guardian of the above-referenced minor, I understand the purposes of these pre-employment checks and hereby provide my consent. I further understand that by giving this consent, any information obtained as a result of these screenings will be used to determine eligibility with the City of Evanston. I further understand that any information obtained will be strictly confidential and that the refusal to submit to these screenings will be treated as a withdrawal of the applicant's request for employment. I understand that any communication regarding my child's employment is confidential between my child and the City of Evanston. My child must be present for any communication relating to on-boarding and payroll.

Parent/Guardian Printed Name: _____

Relationship to Minor: _____

Signature

Date