



Lake Carroll Security/EMS Department

3-200 Association Dr. ~ Lake Carroll, Illinois 61046
Telephone (815) 493-2552 * Ext. 18
Security Supervisor

Office Use Only

Only submit this request to Security if you are interested in hiring this applicant.

Form VOID if applicant's signature and/or Witness' Printed Name & Signature are missing.

Department: _____

Super/Mgr Initials: _____

Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only. Not to be released to unauthorized persons.)

I hereby empower an employee of the **Carroll County Sheriff's Department**, the **Lake Carroll Security Department** or other authorized representative bearing this release to, within one (1) year of its date, obtain information and records pertaining to me from any or all of the following sources on my behalf for the purpose of employment.

1. Selective Service System
2. Any previous employer.
3. Present employer.
4. Any school, college, university or other educational institution.
5. **Criminal/background history.**

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

1. _____
2. _____

_____/_____/_____
 Today's Date Printed Name Signature Date of Birth

 Current Address (Street Number, Street Name, Apt #) City / State / Zip

List all states you have lived in within the past ten (10) years.

Previous Married Name(s)

Maiden Name

Other Legal Names(s)

The applicant's signature on this form MUST be witnessed below:

Witness (Print)

Witness Signature

NOTE: Background search will only be conducted on applicants who have been identified by an LCA hiring supervisor/manager as a potential employee.