

**Brookfield Public 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 Brookfield Public Library.

I agree to the Brookfield Public 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 Brookfield Public 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 Brookfield Public Library.

I hereby fully release and discharge the Brookfield Public 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.

Please complete ALL information below.

PRINTED NAME: _____

BIRTH DATE: ____/____/____ ETHNIC RACE: _____ SEX: F___ M___

SIGNATURE: _____

DATE: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____