



VILLAGE OF RIVERDALE

157 W. 144th Street
Riverdale, IL 60827-2707
Phone (708) 841-2200 • Fax (708) 841-7587

Background Check Authorization

I hereby authorize a comprehensive investigation into my background. I permit the Village of Riverdale to obtain any records, information, and documents pertaining to my background. I also authorize my previous employers, the educational institutions that I have attended, any other organizations and individuals to disclose information about me. Any individual, education institution, organization, or business entity is hereby released from any and all liability for any damages that may arise as a result of providing such information. I also agree to release the Village of Riverdale from any and all liability arising from the use of the information obtained through the investigation of my background and any action taken by the Village of Riverdale based on such information.

SIGNATURE: _____ DATE: _____

Print Full Name: _____

Have you ever been employed by any other name? _____

If Yes, List Names: _____

DL # _____ SS# _____ DOB _____

Current Address: _____ / _____ / _____ / _____
STREET NAME CITY ST ZIP

COPY STATE ID/D.L. BELOW