

## Authorization for Background Check

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the background check.

I, \_\_\_\_\_ hereby authorize the Prospect Heights Public Library District to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the Prospect Heights Public Library District will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the Library's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

### Please Print:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Town

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number