

# BACKGROUND CHECK AND/OR MOTOR VEHICLE RECORD AUTHORIZATION

PLEASE PRINT LEGIBLY

**For New Hires:** By signing my name below, I authorize the County of Kendall, Illinois ("Kendall County") to complete a professional references check, employment verification, a criminal background check through the Illinois State Police Criminal History Information Response Process, and/or a Motor Vehicle Record Investigation on me through Alliant Mesirow Insurance Company. (MVR **NOT** required for Volunteers and/or employees where driving a Kendall County vehicle is not an essential function of their position.)

**If Driving A Kendall County Vehicle Is An Essential Function Of The Position:** I understand that, if driving a Kendall County vehicle is a requirement of my position, having and maintaining a satisfactory driving record is necessary to drive Kendall County vehicles as part of my essential job duties. By signing my name below, I authorize Kendall County to complete a Motor Vehicle Record Investigation on me through the Illinois Secretary of State's Office on an annual basis during my employment. I further agree to report to my supervisor immediately any license suspensions, serious accidents or offenses, or any other condition that may affect my ability to drive a Kendall County vehicle.

**For All Employees:** By signing my name below, I hereby authorize any person or agency to release all information necessary for Kendall County to complete the above-referenced investigation. I understand that Kendall County and Alliant Mesirow will use this information for employment and risk management purposes only and will not furnish this information to a third party without my written consent. To the extent permitted by law, I agree to release Kendall County, its elected officials, employees, agents, and assignees from any liability for any damage that may result from the above-referenced investigation. I understand and agree that, to the extent permitted by applicable state and federal laws and applicable union contracts, falsification of any information provided by me and/or the results of the above-referenced investigation may be immediate grounds to deny my employment, volunteer application, and/or authorization to drive Kendall County vehicles.

EMPLOYEE/VOLUNTEER FIRST NAME (Please print)	EMPLOYEE/VOLUNTEER LAST NAME
EMPLOYEE/VOLUNTEER SIGNATURE	DATE
COUNTY DEPARTMENT OR ELECTED OFFICE	AUTHORIZATION FOR EMPLOYMENT OR VOLUNTEER?

## PERSONAL DATA

FIRST NAME	MIDDLE	LAST NAME
EMAIL:	DATE OF BIRTH	
HOME ADDRESS		
CITY, STATE, ZIP	PRIMARY PHONE NUMBER	
DRIVER'S LICENSE NUMBER	STATE OF ISSUE	
ADDRESS ON DRIVER'S LICENSE	CITY, STATE, ZIP	

## FOR ADMINISTRATIVE USE

Date Form Received in Human Resources Department \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials \_\_\_\_\_

Date Sent to Alliant Mesirow \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Report sent to Department Head \_\_\_\_/\_\_\_\_/\_\_\_\_