MORTON
PARK DISTRICT
349 W. Birchwood
Morton, IL 61550
Phone: (309)263-7429

Email: info@mortonparkdistrict.com
Web: www.mortonparkdistrict.com

Certificate of Applicant / Background Check Release

(Read this statement carefully before signing)

I understand that any employment with the Morton Park District is considered **employment-at-will.** I understand that any employment relationship entered into with the Morton Park District may be terminated at any time for any or no reason. I understand that the Morton Park District will conduct a background check as part of the employment/volunteer process. The results of a background check will be used by the Morton Park District to ascertain the eligibility, appropriateness or fitness of all applicants/employees/volunteers for work within the Morton Park District. In conducting such screen, the Morton Park District will comply with applicable Federal and State law. Based on this understanding, I knowingly consent to authorize the Illinois State Police to release conviction information to the Morton Park District via a criminal history background check. I hereby certify that all statements made on or in connection with this application, including those regarding my training and experience are true and complete to the best of my knowledge and belief and I understand and agree that any misstatements or omission of material fact herein will cause forfeiture on my part of all rights to employment by the Morton Park District. I understand that I will have to provide acceptable documentation attesting that I am a U.S. Citizen or legal alien eligible for work in the United States.

Please place a check in one of the boxes below to indicate what your position will be with the Park District

☐ **Volunteer**   ☐ **Part-Time/Seasonal**   ☐ **Full-Time**

Printed LEGAL Last Name _____ **LEGAL First Name** _____ **M.I.** ____

Applicant Signature _____ **Date:** _____

Cell Phone #: _____   **Email:** _____

D.O.B. ___ / ___ / _____   **Race** _____   **Sex** _____
       mm / dd / yyyy

Driver's License Number _____-_____-_____   ↓ **Office Use Only** ↓

- -

Result: _____ **Employee Signature** _____ **Date** _____

EQUAL OPPORTUNITY EMPLOYER