



# The Village of Glenview

## **Disclosure and Authorization**

### **PLEASE READ CAREFULLY BEFORE SIGNING**

I agree to cooperate with the Board of Fire and Police Commissioners' (hereinafter, the "Board") testing program by submitting to the following examinations, as required: written examination, physical ability testing, background investigations, psychological examination, polygraph, fingerprinting and medical physical examination. I further agree to furnish upon request the following documents for the purpose of photocopying: birth certificate, driver's license, voter registration, naturalization papers, military discharge papers, school transcripts and diplomas, professional licenses and training certificates.

I hereby release and discharge the Board and the Village of Glenview, their officers, agents and employees from any and all claims for damages, loss or injury, which I may have, or which may occur in connection with the processing of my application. I further agree to indemnify and hold harmless and defend the Board and the Village, their officers, agents and employees from any and all claims for damages, loss, or injury, including death, which may arise or may be alleged to have arisen out of my participation in the process of applying for employment.

I authorize the Board and the Village to investigate any of the information contained on my application for employment and background check questionnaire, including past employment records, licenses, certificates, references and other facts stated on the application, including criminal background. I further authorize all individuals and organizations named in my application to give the Board and Village all information relative to such verification and background check without regard to limitations or protections under the law (including the Personnel Record Review Act or Freedom of Information Act), which I hereby waive for purposes of investigating and verifying information related to my application for employment. I specifically consent to the disclosure of information which may be covered by a settlement agreement or other "confidentiality" provision entered into with my former employers, and I waive my rights to enforce any such prior confidentiality agreement against my former employer with regard to this disclosure. I waive any right I may have to be notified by any individuals and organizations named in my application for employment prior to the release of any information to the Board and Village, including the release of information concerning any disciplinary action taken against me by former employers. I hereby release and discharge the Village and any person or entity from whom any such information is obtained from any liability whatsoever related to the use or disclosure of such information.

I also understand that if hired, the Village may conduct further medical examinations [pursuant to regulations, policies, contracts and applicable law] to promote wellness of employees and to assess any threat of physical harm to myself or others. I voluntarily consent to provide requested information to the Village's physicians and acknowledge that such information may be disclosed to the Village during legal or administrative proceedings or to evaluate my eligibility for certain benefits provided pursuant to Illinois law other than group health insurance provided to me as a full-time employee.

I understand that the Village requires a substance screening and post-offer pre-employment physical. I agree to submit to testing for the detection of drugs and alcohol and give permission for test results to be released to the Board and Village. I further understand that positive test results, refusal to be tested, or any attempt to affect the test results or sample will result in my withdrawal from consideration for employment or termination of employment.

I agree to abide and conform to the rules of the Board and Village as an applicant and if employed by either of the Village. I understand that non-probationary employment depends upon satisfactory completion of the probationary period of employment.

I hereby certify that the information contained in this application and background check questionnaire is true and correct to the best of my knowledge. I agree that any misrepresentation or false statement on this application shall result in my withdrawal from consideration for employment or immediate termination of employment.

Applicant Name (printed): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_