

Evergreen Park Police Department Police Officer Consent and Release Agreement

Application and Background Check

I acknowledge that, as a condition of being considered for employment with Evergreen Park Police Department ("Employer"), or of my continued employment at Employer, it is required that I consent to an investigation of my background. I hereby authorize Employer or its representative, to conduct certain background investigations which may include, but are not limited to, my employment history and references, criminal history, driving records, personal references, verifications of academic credentials and licenses, social media and all publicly accessible content on the internet, military history, and credit and consumer reports, as permitted under the federal Fair Credit Reporting Act ("FCRA") and local or state credit privacy laws if applicable. If requested by Employer, I hereby consent to participate in a personal interview, testing process, polygraph examination, and/or post-offer psychological evaluation.

All information obtained by the Employer pursuant to this background check shall be confidential and safeguarded against disclosure to all unauthorized persons. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this consent from liability that might result from the request for, use of, and/or disclosure of any background information, as described above. I further release and hold harmless Employer, and their respective designees, personnel, and affiliated companies, from any liability resulting from or in connection with the results of this background investigation concerning my fitness for employment or continued employment at Potential Employer.

I hereby consent to this background information investigation by Employer. I understand that I may request a copy of any consumer report from the consumer reporting agency that compiled the report, in accordance with the requirements of the FCRA.

Conduct and Communications

I acknowledge that my conduct throughout the application and testing process and my compliance with the rules of the application process constitute information that can be considered and evaluated by hiring agencies (Employers). I consent that all interactions and communications that occur between myself and Employer pursuant to this application process may be documented and/or communicated to any and all hiring authorities to which I am seeking employment.

Physical Ability Tests

I further acknowledge that as a condition of being considered for employment with Employer, or of my continued employment at Employer, I may be required to participate in a physical ability test, which may test my physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to: actions of other people, including, but not limited to, participants, volunteers, spectators, testing officials, and/or testing monitors; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in any physical ability test.

I certify that I am physically fit, have sufficiently trained for participation in this physical ability test, and have not been advised otherwise by a qualified medical person.

By signing below, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me during the physical ability test and/or while traveling to and from this physical ability test, Employer and their directors, officers, employees, volunteers, representatives and agents, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities, damages (including attorney fees and costs) or claims made by other individuals or entities as a result of my participation in this physical ability test.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during any physical ability test.

I understand that during a physical ability test, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by Employer.

This document shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I hereby certify that I have read this document in its entirety (pages 1 & 2) and I understand its content.

Print name: _____

Social Security Number: _____

Signature: _____

Date: _____