

ILLINOIS DEPARTMENT OF JUVENILE JUSTICE
Employment Release and Consent

Printed Name

_____/_____/_____
Date of Birth

_____-_____-_____
Social Security Number

Authorization for Release of Certain Information: I authorize a review and full disclosure of records concerning myself to any duly authorized agent of the Illinois Department of Juvenile Justice or Illinois Department of Corrections as described in the following two paragraphs:

1. I consent to and hereby authorize a full and complete disclosure of records of educational institutions and employment and pre-employment records, including background reports, efficiency ratings, and complaints filed against me. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization may be considered in determining my suitability for employment by the Illinois Department of Juvenile Justice. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability that may be incurred as a result of furnishing such information. I further release the Illinois Department of Juvenile Justice and Illinois Department of Corrections from any and all liability that may be incurred as a result of collecting such information.

2. I authorize the Illinois State Police, the Office of the Secretary of State, the State of Illinois, the Federal Bureau of Investigation, and any Law Enforcement Agency to release information relative to the existence or nonexistence of any criminal history record they may have concerning me to the Illinois Department of Juvenile Justice or the Illinois Department of Corrections solely to determine my suitability for employment or continued employment with the State of Illinois. I certify that the Illinois State Police, the Office of the Secretary of State, the State of Illinois, the Federal Bureau of Investigation, any Law Enforcement Agency and its officers or employees who furnish this information concerning me, shall not be held accountable for giving this information and I do hereby release and hold harmless the Illinois State Police, the Office of the Secretary of State, the State of Illinois, the Federal Bureau of Investigation, and any Law Enforcement Agency, their officers and employees from any and all liability that may be incurred as a result of releasing this information.

Please list any other names that you may have used on any of the records mentioned above:

Drug Testing: I understand that as part of the pre-employment process, the Illinois Department of Juvenile Justice will conduct a background investigation in an effort to determine my suitability to fill the position for which I have applied. In keeping with the efforts of the Illinois Department of Juvenile Justice to identify the most qualified individuals for employment, I do hereby voluntarily consent to the sampling and subsequent testing of my body fluids, including urine or blood, or both. I understand that positive test results for illegal drug usage or refusal to supply the necessary samples or tampering with or attempting to tamper with or adulterate the sample in any way shall be grounds for rejection of my application for employment. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the pre-employment process to determine my eligibility for the position for which I have applied. I further understand that if hired, I will be subject to random or reasonable suspicion drug testing during my employment.

Consent to Search: I have been informed that the rules of the Illinois Department of Juvenile Justice and the laws of the State of Illinois (720 ILCS 5/31A) prohibit, among other things, individuals from bringing contraband into a penal institution, from placing any item of contraband in such proximity to a penal institution as to give a youth access to contraband, and from possessing contraband in a penal institution. I understand that an item of contraband includes, but is not limited to, alcoholic liquor, cannabis, controlled substances, and any instrument adapted for the use of controlled substances or cannabis, weapons, ammunition, personal pagers, and cellular telephones. I understand that this consent to search is a condition of my being permitted to enter any youth center and that any searches are for the protection, safety, and security of all persons and property within the Illinois Department of Juvenile Justice and its youth centers.

Physical Agility and Medical Release (applies to Juvenile Justice Intern applicants only): I understand that as part of the screening process, I will be required to participate in a standard physical agility test. I hereby state that I have no known ailments, diseases, or physical conditions that would prevent me from participating in the physical agility test. With this understanding, I on behalf of myself, my heirs and administrators, hereby release and hold harmless the Illinois Department of Juvenile Justice and Illinois Department of Corrections and their employees from any and all liability pursuant to my participation in same.

Note: Should the Department have a valid rationale for not allowing you to participate in the physical agility portion of the screening process at the time of testing you may be asked to provide a written statement from your physician. This statement should indicate you are physically able to participate in the physical agility test. You will not be required to retake the written portions of the screening exams should you successfully complete those portions.

A photocopy of this release will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of the releases and consents stated herein.

Applicant's Signature

Date

Witness's Signature

Date