



Criminal Background Check Release Form

- I understand that as an employee or volunteer with Discovery Center Museum, a background check will be conducted.
- I consent to the Discovery center Museum to obtain my criminal conviction history from the Illinois State Police and/or FBI.
- I understand that I will be provided a copy of the criminal background check if any convictions are reported, and it is my duty under the law to notify the Discovery Center Museum within seven working days if the information is inaccurate or incomplete.
- I hereby fully release and discharge the Discovery Center Museum, its officers, agents, and employees from any and all claims for damages which may arise from participating in, or as a result of the criminal background check, except for willful and wanton conduct.
- I understand that my present and future employment may be affected by the results of the background check.
- I have read and fully understand this release form.

FULL Name:

Address:

DOB:

SSN:

DL #:

State:

Race:

Grade:

Sex:

Maiden Name:

Please allow 10-14 days for the background check to be completed.