



OFFICE OF THE STATE'S ATTORNEY  
COOK COUNTY, ILLINOIS

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**RELEASE FORM**

**Please read the following carefully before signing it as it contains terms and conditions that affect your application and potential employment.**

1. **VERIFICATION** I verify that all information I have provided both orally and in documentary form in connection with my application for a position with the Cook County State's Attorney's Office is true and accurate. I understand that any false or misleading information I furnish in connection with my application for employment may rescind any contingent offer of employment or result in my immediate termination, regardless of when discovered.
2. **AUTHORIZATION and RELEASE** I authorize the Cook County State's Attorney's Office to conduct a complete and thorough investigation of my qualifications for employment including a security check. I release any and all persons and parties connected with any investigation from any and all claims or damages arising from the furnishing of information. I further understand that my offer of employment and actual employment is contingent upon satisfactory results of such investigations. I further agree to provide my date of birth and social security number for the sole purpose of conducting background checks.
3. **EMPLOYMENT-AT-WILL** I understand and agree that my employment is terminable at will. Both the State's Attorney's Office and I remain free to end our work relationship at any time and for any reason. Further, I understand that nothing in any policies, manuals or similar documents creates an expressed or implied contract of employment.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**DATE**