



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

DL NUMBER ISSUING STATE

DATE