### BACKGROUND CHECK POLICY (IL)

### **Background Checks**

{null} {Require} applicants and employees to satisfactorily complete a background check. {null} will consider your job duties, among other factors, in determining what constitutes satisfactory completion of the background check. All information obtained as a result of a background check will be used solely for employment purposes.

#### Authorization

When a background check is required, you must complete {null}'s authorization form. Failure to timely complete an authorization may result in termination of {null}'s consideration of your application. Falsification or omission of information may result in denial of employment or discipline, up to and including termination.

# **Confidentiality**

All background check information will be kept confidential. {null} complies with all applicable federal and Illinois state and local laws regarding background checks.

# Administration of this Policy

The {Hr} Department is responsible for the administration of this policy. If you have any questions regarding this policy or if you have any questions about background checks that are not addressed in this policy, please contact the {Hr} Department.

## **Employees Covered Under a Collective Bargaining Agreement**

The employment terms set out in this policy work in conjunction with, and do not replace, amend, or supplement any terms or conditions of employment stated in any collective bargaining agreement that a union has with {null} . Employees should consult the terms of their collective bargaining agreement.

### [Acknowledgment of Receipt and Review

[I,	(employee name), acknowledge that on	(date), I received a copy of
{null}	's Background Check Policy and that I read it, understood it, and agree to comply with it. I	understand that {null} has the
maxim	num discretion permitted by law to interpret, administer, change, modify, or delete this policy	at any time with or without notice.
No sta	atement or representation by a supervisor or manager or any other employee, whether oral o	r written, can supplement or
modify	y this policy. Changes can only be made if approved in writing by the {Ceo} of {null}. I also	understand that any delay or
failure	by {null} to enforce any work policy or rule will not constitute a waiver of {null}'s right to d	o so in the future. I understand that
neithei	r this policy nor any other communication by a management representative or any other empl	loyee, whether oral or written, is
intende	ed in any way to create a contract of employment. I understand that, unless I have a written	employment agreement signed by
an autl	horized {null} representative, I am employed at will and this policy does not modify my	at-will employment status. If I
have a	a written employment agreement signed by an authorized [EMPLOYER NAME] representati	tive and this policy conflicts with
the ter	${ m rms}$ of my employment agreement, I understand that the terms of my employment agreement	will control.

#### OR

I,	(employee name), acknowledge that on _	(date), I received and read	
a copy of the {null} 's Background	Check Policy[, dated	_ (edition date) and understand that it is my responsibility	
to be familiar with and abide by its	terms. I understand that the information is	n this Policy is intended to help {null}'s employees work	
together effectively on assigned job responsibilities. This Policy is not promissory and does not set terms or conditions of employment			
or create an employment contract.]			

[signature page follows]

Signature	
Printed Name	
Date	