

Bill Clutter Investigations Inc.

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CONFIDENTIAL RELEASE OF INFORMATION

PLEASE PRINT ALL REQUESTED INFORMATION.

Name: _____
Last, First, Middle

Other Names Used: _____

Current Home Address: _____

Previous Home Addresses: _____

Social Security #: _____ **Date of Birth:** _____

Driver's License #: _____ **State of Issue:** _____

In connection with my employment at the City of Decatur, I hereby authorize Bill Clutter Investigations, INC to conduct a security background check on me. I understand that this security check will cover information such as criminal history, education and employment, sanctions/exclusions, and professional licensure/certifications. I understand that this background check may include information from previous employers relating to my work experience. I hereby release the City of Decatur and its employees, as well as the Bill Clutter Investigations, INC and its employees, from all liability resulting from the furnishing of this information to the City of Decatur. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration for employment, or could result in disciplinary action up to, and including termination.

Signature: _____ **Date:** _____