



**VILLAGE OF CHAGRIN FALLS
DIVISION OF POLICE**

21 West Washington Street • Chagrin Falls, Ohio 44022 • (440) 247-5036

Amber Dacek, Chief of Police

AUTHORIZATION TO CONDUCT BACKGROUND CHECK

As a prospective employee of the Village of Chagrin Falls, I acknowledge and authorize the Village or its employees or agents to conduct a criminal background check pursuant to and as mandated by law.

If an offer of employment is made, I understand that employment is conditioned upon authorizing this background check and that the offer may be revoked at the discretion of the Village of Chagrin Falls if I do not authorize a background check or in the event the check reveals a criminal record.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

I also understand that the Village of Chagrin Falls will endeavor to keep the results of the background check confidential, to the extent allowed by law, but may disclose my background information in compliance with the Ohio Public Records Act.

Printed Name

Date

Signature

Social Security Number

Address

Date of Birth

City

State

Zip

Maiden (other) name