



OFFICE OF THE STATE'S ATTORNEY
DUPAGE COUNTY, ILLINOIS

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CRIMINAL BACKGROUND CHECK AUTHORIZATION

I, _____ hereby authorize the DuPage County State's Attorney's Office to conduct a criminal history and background investigation. I further swear or affirm that I have never been arrested, charged, or convicted of a felony, misdemeanor, or any other criminal offense. I understand that any offer of employment with the DuPage County State's Attorney's Office is conditional upon completion of a criminal history background check acceptable to the State's Attorney.

Signature

Date

Print Name

Date of Birth: _____

Social Security: _____