



## PERMISSION FOR SECURITY CHECK

I understand that I will have to successfully pass a background investigation, which may include a polygraph test, due to the nature of this position. I hereby give my permission to the McLean County Sheriff's Department to conduct such an investigation.

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Signature of Applicant

Date

### PLEASE PRINT

Full Name: \_\_\_\_\_

List any other names under which your employment and/or education can be verified (including maiden names, etc.):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License # \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female