HUMAN RESOURCE DEPARTMENT

Cheryl Conner Director of Human Resources



CITY OF MT. VERNON 1100 MAIN P.O. BOX 1708 MT. VERNON, ILLINOIS 62864

618/242-6810 FAX 618/244-8910

Request for Employment Information and Release of Liability

I, _______, request that my former employers (name of applicant) may release any and all information regarding my job performance at the company which may be requested by <u>**City of Mt. Vernon, Illinois**</u>. I understand and acknowledge that the information furnished by you (either in writing or orally), will be used to check my references and past employment history for use in determining my qualifications and fitness for a job position for which I have applied.

Under Illinois law, furnishing such information which is truthful or which you in good faith believes to be truthful is immune from civil liability for the disclosure and the consequences of that disclosure. Set forth below is Section 10 of the Illinois Employment Record Disclosure Act for your reference:

10 - No liability for providing truthful information. Any employer or authorized employee or agent acting on behalf of an employer who, upon inquiry by a prospective employer, provides truthful written or verbal information, or information that it believes in good faith is truthful, about a current or former employee's job performance is presumed to be acting in good faith and is immune from civil liability for the disclosure and the consequences of the disclosure.

The presumption of good faith established in this Section may be rebutted by preponderance of evidence that the information disclosed was knowingly false or in violation of a civil right of the employee or former employee.

P.A. 89-470 (745 ILCS 46/10) Effective June 13, 1996.

Should you have any questions regarding this release of liability, please contact:

<u>Cheryl Conner</u> Director of Human Resources Phone: <u>618-242-6810</u>

v

Date: _____

Print Name

Signed: