

UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF ILLINOIS  
MAGISTRATE JUDGE

CERTIFICATION, AUTHORIZATION AND FULL WAIVER

I hereby certify that the answers given by me to the foregoing question and statements are true and correct, without mental reservations of any kind whatsoever. If employment is obtained under this application, I will comply with all orders, rules and regulations administered by the Court. If following appointment, anything contained in this application is found to be untrue, I understand that I will be subject to dismissal at any time during the period of my employment.

I further understand that by signing this application and submitting it along with the required authorization and waiver forms relating to disciplinary and grievance matters and authorization and waiver forms for physicians for consideration by the Merit Selection Panel, I am hereby authorizing the custodian of any records or information to permit examination or receipt of such information, whether written or oral, by the Merit Selection Panel.

I also authorize the Merit Selection Panel to contact any persons listed in the application form as well as any other person the Panel feel necessary. I understand that all information obtained by the Merit Selection Panel will be kept confidential and use only as necessary in the Panel's performance of its duties.

Dated: \_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

**Important Note: The applicant must attach this waiver form in addition to the Disciplinary and the Medical Authorization waivers.**