

# **ELECTRONIC FINGERPRINT SERVICES – 08/01/2010**

## **OPTION #1 – FORM L-1**

### **L-1 IDENTITY SOLUTIONS**

**Contact:** Bob Holland 217-547-2118

Locations, Schedule and On-line Registration available @ [www.l1id.com](http://www.l1id.com)

On-line registration allows for the selection of a particular location, date and time

Call contact for groups of 25 or more at a school location – online registration process

Call contact for help with process or to answer questions

Per person fee = \$49.25

## **OPTION #2 – Regions #1 and #2 – FORM B**

### **MADISON COUNTY REGIONAL OFFICE OF EDUCATION**

**Contact:** Andrew Reinking

Call to schedule appointment @ 618-296-4642

Address: 157 N. Main – Suite 438, Edwardsville, IL

Per person fee = \$41.00

## **OPTION #3 – Jacksonville, IL – FORM B**

### **MORGAN COUNTY SHERIFFS OFFICE**

**Contact:** Jennifer Tapscott or ask to set an appointment for an electronic fingerprint

PH: 217-245-4143

Fingerprint Appointments only on Thursday & Friday

Must Call ahead to schedule an Appointment

**Must Fax page 2 of the School Applicant Criminal History Search Form B ahead of scheduled appointment date to: FAX #: 217-243-6998**

Per person fee = \$59.00

# L-1 Identity Solutions On-Line Registration Instructions

Web Address: [www.l1enrollment.com](http://www.l1enrollment.com)

Procedure for Fingerprinting with L-1 Identity Solutions (Individual)

1. Go to L-1 Identity Solutions Enrollment Services at <http://www.L1enrollment.com>
2. **Select: Illinois** (Missouri or possibly Indiana)
3. **Select: On-Line Scheduling**
4. **Select: Begin registration** (English or Espanol)
5. **Enter:** First Name
6. **Enter:** Last Name
7. **Select: GO**
8. At Adam Walsh Act **Select: GO**
9. At Agency Number/ORI drop down box **Select: Catholic Diocese of Springfield**
10. **Select: GO**
11. At Central Region **Enter zip code Select: GO**
12. At Schedule page locate the desired location and **Click On: desired date for the corresponding location;** and
13. From the drop down box **Select: desired time**
14. Registration form:
  - a. **Complete Section I** – Contact Information (Red Asterisk info only)
  - b. **Complete Section II** – Personal Information
  - c. Do not complete Section III – Employer Information
  - d. **Complete Section IV** – Billing information
    - At **Payment Method Select from the Drop Down Box: Billing Account**
    - Enter Account #: **ILDOS01**Review information entered on the On-Line Registration Form and make any corrections.
15. **Click on: Send information**
16. Complete the remainder of the registration following the on screen instructions.

**Bob Holland**  
**L-1 Identity Solutions**  
**1650 Wabash Avenue, Suite D**  
**Springfield, IL**  
**PH: 217-547-2118**  
**Cell: 217-652-6416**  
**Email: [BHolland@L1id.com](mailto:BHolland@L1id.com)**

**L-1 Identity Solutions**

School Applicant Criminal History Search - **Form L1**

(Effective: 7/1/09)



DIOCESE OF SPRINGFIELD IN ILLINOIS  
**Policy on Sexual Abuse of Minors Certification Document**

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Please Provide the Following Information (Please Print Clearly).  
All Fields Required.

**School Name** \_\_\_\_\_ **City** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

School \_\_\_\_\_

**Please initial each statement and sign and date the certification.**

\_\_\_\_\_ I hereby certify that I have not been convicted of committing, attempting to commit, or conspiracy to commit, any crime, whether a felony or a misdemeanor, in the areas of juvenile prostitution or pimping, obscenity, child pornography, sexual assault, sexual abuse, child exploitation, the cannabis control act, the controlled substance act, a crime of violence, or any other crime where the victim was under the age of eighteen at the time of the offense.

\_\_\_\_\_ I hereby certify that I have not been convicted of any crime, whether of any other state, of the United States or against the laws of any other jurisdiction, which would have been punishable as one or more of the above crimes.

\_\_\_\_\_ I hereby certify and agree to notify the diocese if arrested for crimes listed above.

\_\_\_\_\_ I hereby certify that I understand the *Policy on Sexual Abuse of Minors by Church Personnel of the Diocese of Springfield in Illinois* and I agree to adhere thereto.

\_\_\_\_\_ I hereby certify that I understand the diocesan code of conduct as set forth in the *Policy on Working With Minors* and I agree to adhere thereto.

\_\_\_\_\_ I hereby certify that I understand that any false statement or certification herein will be grounds for immediate termination from employment or volunteer position.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Applicant Signature Date

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**For School Use Only - State Sex Offender Registry Search**

- State Sex Offender Registry checked on \_\_\_\_/\_\_\_\_/\_\_\_\_
- Applicant notified of State Sex Offender Registry Search Results \_\_\_\_/\_\_\_\_/\_\_\_\_

Individual verifying  
Completion of the Search \_\_\_\_\_  
Signature Title

Illinois Department of Children and Family Services

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender (Circle): Male Female Race \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt#

City State Zip Code

List all addresses at which you have resided in the past five years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List maiden name and/or all other names by which you have been known: (last, first middle)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Please type, use bold letters or label:

Diocese of Springfield in Illinois (Agency Name)  
Pat Kornfeld (Contact Person)  
P.O. Box 3187, 1615 W. Washington (Address)  
Springfield, IL 62708 (City/State/Zip)

\_\_\_\_\_  
Signed Date



Illinois Department of Children & Family Services



DIOCESE OF SPRINGFIELD IN ILLINOIS  
Policy on Sexual Abuse of Minors Certification Document

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Please Provide the Following Information (Please Print Clearly).

**School Name** \_\_\_\_\_ **City** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

**Please initial each statement and sign and date the certification.**

\_\_\_\_\_ I hereby certify **that I have not been convicted of committing, attempting to commit, or conspiracy to commit, any crime, whether a felony or a misdemeanor, in the areas of juvenile prostitution or pimping, obscenity, child pornography, sexual assault, sexual abuse, child exploitation, the cannabis control act, the controlled substance act, a crime of violence, or any other crime where the victim was under the age of eighteen at the time of the offense.**

\_\_\_\_\_ I hereby certify **that I have not been convicted of any crime, whether of any other state, of the United States or against the laws of any other jurisdiction, which would have been punishable as one or more of the above crimes.**

\_\_\_\_\_ I hereby certify **and agree to notify the diocese if arrested for crimes listed above.**

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\_\_\_\_\_ I hereby certify **that I understand that any false statement or certification herein will be grounds for immediate termination from employment or volunteer position.**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Applicant Signature Date

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**For School Use Only - State Sex Offender Registry Search**

- State Sex Offender Registry checked on \_\_\_\_/\_\_\_\_/\_\_\_\_
- Applicant notified of State Sex Offender Registry Search Results \_\_\_\_/\_\_\_\_/\_\_\_\_

Individual verifying  
Completion of the Search \_\_\_\_\_  
Signature Title

**Requestor:** Office for Human Resources  
Diocese of Springfield in Illinois  
P.O. Box 3187  
Springfield, IL 62708-3187

Phone: 217-698-8500 Ext. 155 or 151  
Fax 1-888-927-4141  
HR @ dio.org



This fingerprint information is being provided at the request of  
and with the approval of the Diocese of Springfield in Illinois

## Fingerprint Applicant Form

Adam Walsh Act

Please Provide The Following Information (Please Print Clearly).

**School**  
**Name** \_\_\_\_\_ **City** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth: (State or Country if outside USA): \_\_\_\_\_

**ORI # ILL13668S Cost Center 4113**

**(DO NOT WRITE BELOW THIS LINE – FOR FINGERPRINT TECHNICIAN USE ONLY)**

**Technician Instructions:** Please complete the information following. When the fingerprint process is completed please FAX this form to 888-927-4141 or email to [sspears@dio.org](mailto:sspears@dio.org),

ROE - F.P. Technician \_\_\_\_\_

Date Printed \_\_\_\_\_

TCN# \_\_\_\_\_

Purpose Code: AWA  
**TBB**  
Y & Y

Illinois Department of Children and Family Services

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender (Circle): Male Female Race \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt#

City State Zip Code

List all addresses at which you have resided in the past five years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List maiden name and/or all other names by which you have been known: (last, first middle)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Please type, use bold letters or label:

Diocese of Springfield in Illinois (Agency Name)  
Pat Kornfeld (Contact Person)  
P.O. Box 3187, 1615 W. Washington (Address)  
Springfield, IL 62708 (City/State/Zip)

\_\_\_\_\_  
Signed Date



Illinois Department of Children & Family Services



# **Section XIII**

## **Criminal History Search Process – School Employees**

**Contents – 1 page**

Safe Environment Checklist

Forms & Information Included:

- Form A – School Applicant Criminal History Search (2 pages)
- Form B – School Applicant Criminal History Search (3 pages)
- Electronic Fingerprint Providers – Options 1 – 4 effective 07/01/2009
- Illinois Criminal Code Convictions Preventing Employment/Volunteering in a School
- Letter Applicant Notification – Illinois State Police Sex Offender Registry Search Results (included)

Policies available for download from the diocesan web site @ [www.dio.org](http://www.dio.org)

- Policy on Sexual Abuse of Minors by Church Personnel
- Policy on Working with Minors

## **Section XIII - Criminal History Search Process** **School Employee**

### **Checklist – Page 1**

- All** school employees receive:
  - Policy on Working with Minors
  - Policy on Sexual Abuse of Minors by Church Personnel
  - School Applicant Criminal History Search **Form L1** or **Form B**.
- All** school employees and all applicants for positions at the school complete all pages of the School Applicant Criminal History Search form **Form L1** or **Form B**:

**Form L1** – For use with Fingerprint Provider **L-1 Identity Solutions**  
(Instructions for on-line registration follow **Form L1**)

**Form B** – When using all other Vendors for Electronic Fingerprint Services

- Principal or Employee makes arrangements for fingerprinting to be completed:

**Form L1** – **L-1 Identity Solutions** - Check the fingerprint locations & schedule @ [www.l1id.com](http://www.l1id.com) Applicant follows on-line registration procedure.  
(Instructions for on-line registration follow **Form L1**)

**Form B** – Applicant takes page 2 of Form B to:

- Region #7 (Quincy, Mt. Sterling) – Call **Big River Investigations** (217-228-9114) for an appointment.
- Regions #1 and #2 – Call the **Madison County Regional Office of Education** (618-896-4642) for an appointment.
- Jacksonville - **Morgan County Sheriff's Office** 217-245-4143 call for appointment

- Employee retains a copy of the fingerprinting receipt received from the fingerprint vendor.
- Principal or other authorized employee conducts a name search of the applicant on the Illinois State Police (ISP) Sex Offender Registry @ [www.isp.state.il.us](http://www.isp.state.il.us). Once the search is completed the principal completes the For School Use Only portion of page 1 of the **Form L1** or **Form B**.
- Principal or other authorized employee completes the Illinois State Police Sex Offender Registry Search Results Letter and forwards to the applicant.

**Section XIII - Criminal History Search Process**  
**School Employee**

**Checklist – Page 2**

- Principal or other authorized employee copies page one of **Form L1** or **Form B**. Places this copy in the employee/applicant personnel file.
- Principal or other authorized employee forwards pages 1 and 3 of **Form L1** or **Form B** to the Office for Human Resources, Catholic Pastoral Center, P.O. Box 3187, Springfield, IL 62708-3187,
- When criminal search result letter is received, principal signs the letter and gives the letter to the employee/applicant and retains a copy for the employee/applicant file.
- Substitute Teachers must also comply with this requirement. (If the substitute is seeking employment in more than one Catholic School in the diocese, only one fingerprint process need be completed.

