

School Applicant Criminal History Search - **Form B** – for use with
Madison County ROE



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

Effective 7/1/10

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.

_____ 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 _____

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 _____

FINGERPRINT AUTHORIZATION FORM

To facilitate prompt processing please complete all items below. **PLEASE PRINT LEGIBLY.**

First Name	Last Name	Middle Initial	
Maiden Name/Other Names Used	SSN	DOB	State of Birth
Address	City	State	Zip
Gender	Race	Eye Color	Hair Color
Drivers License Number		State Issued	

Diocese of Springfield in Illinois

School District	All Other Employees	Full Time Teacher	Substitute Teacher ONLY
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Applicant Verification and Authorization

I certify that the above information is accurate and true to the best of my knowledge. I authorize the Madison County Regional Office to release the results of my background check to the president of my school board or his/her designee.

Signature of Applicant

_____ Signature

District Verification

As the potential employer I certify that the above information is accurate and true to the best of my knowledge. **NOTE: This must be signed in order to be fingerprinted.**

Signature of district Superintendent or designee _____

Signature

District ORI # _____

For ROE Use Only

Person processing fingerprints _____

Signature

Date _____

Time _____

Sex Offender Data Base
Checked

Revised 07/2010 Previous Forms Will Not Be Accepted.....Any **Substitute Teacher Only applicants not found in TCIS with an active certificate will be billed at the flat rate**

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