

## Instructions for Fingerprinting Vendor - Bushue Human Resources, Inc.

Effective 10/30/2018

### Applicant:

1. **Bushue Disclosure and Authorization Form** (page 2) - Complete all information. Do not complete the information in the Office Use Only text box
2. **School Applicant Certification Document** (page 3) - Complete all information except School use only portion
3. **Fingerprint Form (page 4)**- Complete all info except Office Use Only
4. **Department of Children & Family Services CANTS Form** (page 5) - Complete all applicable information.
5. After completing the entire packet applicant chooses a fingerprint location from the below listing and calls for an appointment, (if indicated ). Bushue Locations and Contact Phone Numbers:

<b>Effingham Deanery</b> 104 N. Second Street, Suite B Kyle Building Effingham, IL 62401 <b>Must Call For Appointment</b>	<b>Decatur Deanery</b> 101 West Cero Gordo <b>Decatur, IL</b> <b>Must Call for Appointment</b> 217-342-3042	<b>Litchfield Deanery</b> Christian/Montgomery ROE; 101 South Main Street (Court House) Taylorville, Illinois 62568. <b>Call 217-342-3042 to schedule an appointment</b>
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### Principal

**NOTE:** ALL PAGES must be completed and sent to Debbie Maynerich at [dmaynerich@dio.org](mailto:dmaynerich@dio.org). or Faxed to her at 1-888-927-4141 at least 24 hours prior to the applicant being fingerprinted.

1. Background Check Request – **COVER SHEET** (page 1) - Check the appropriate box for the employment position. Print name and sign and date the cover sheet.
2. **At least 24 hours BEFORE** the applicant is fingerprinted Fax or email **ALL** the pages to the Office for Safe Environment Fax – 1-888-927-4141, Email – dmaynerich@dio.org
  - a. **COVER SHEET**, (page 1)
  - b. **FINGERPRINTING – DISCLOSURE AND AUTHORIZATION**, (page 2)
  - c. **CERTIFICATION DOCUMENT**, (Page 3) and
  - d. **DCFS CHILD ABUSE AND NEGLECT TRACKING SYSTEM (CANTS) Form** (page 5)
4. **Certification Document - Attach the BUSHUE Sex Offender Registry Check Confirmation** emailed to principal by the Office for Safe Environment. Retain the Certification and verification of the sex offender registry check in the employee's personnel file. (Page 3)

**For more information contact: Office for Safe Environment:**

**Fax #: 888-927-4141 Email: [dmaynerich@dio.org](mailto:dmaynerich@dio.org) Mailing Address: Office for Human Resources, 1615 W. Washington, Springfield, IL 62702 Phone 217-698-8500- Ext. 151**



**Diocese of Springfield**  
**DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS**  
**(BHR Fingerprint - School)**

**Disclosure**

**Diocese of Springfield** has contracted with Bushue Background Screening in connection with my application for employment (including contract or volunteer services), I understand consumer reports will be requested by you (“End-User”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

**Authorization**

I, \_\_\_\_\_, hereby authorize procurement of consumer report(s) and investigative consumer report(s) by End-User. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for End-User to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information. This authorization is conditioned upon the following representations of my rights:

I understand I have the right to make a request to the consumer reporting agency: Bushue Human Resources, Inc. d/b/a Bushue Background Screening (“Agency”), 302 East Jefferson Avenue, Suite B, Effingham, IL 62401, telephone number (217) 342-3042 or toll free at (877) 342-3042, upon proper identification, to obtain copies of any reports furnished to End-User by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on End-User’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to End-User obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: [www.bushuebackgroundscreening.com](http://www.bushuebackgroundscreening.com).

I understand that if the End-User is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report End-User receives on me at the time the report is provided to End-User. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CTZ) Monday through Friday) to obtain all information in Agency’s file for my review. I may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. I can have someone accompany me to the Agency’s offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency’s information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_(initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

**Bushue Human Resources, Inc.**

**School Applicant Criminal History Search - (Bushue)**



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

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

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 *Clerical Sexual Abuse of Minors: Policy for Education, Prevention, Assistance, and Determination of Fitness for Ministry* 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 conducted by Bushue Human Resources, Inc.**

- State Sex Offender Registry checked on \_\_\_\_/\_\_\_\_/\_\_\_\_ (See attached verification)
- Applicant notified of State Sex Offender Registry Search Results \_\_\_\_/\_\_\_\_/\_\_\_\_

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



## Diocese of Springfield

(BHR Fingerprint - School)

\*Information is used for background screening purposes only.

PLEASE PRINT LEGIBLY					
<b>Applicant's Legal Name</b> <small>(full name)</small>	<b>First:</b>	<b>Middle:</b>	<b>Last:</b>		
<b>Alias or Maiden Name</b>	<b>First:</b>	<b>Middle:</b>	<b>Last:</b>		
<b>Home Address:</b>	<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
APPLICANT INFORMATION					
<b>Date of Birth (MM/DD/YYYY):</b> ____ / ____ / _____		<b>Social Security Number:</b> _____ - _____ - _____		<b>Place of Birth (state):</b>	
<b>Phone Number:</b>		<b>Email Address:</b>			
<b>Driver's License Number:</b>		<b>State of Issuance:</b>		<b>Gender:</b> <div style="display: flex; justify-content: space-around;"><span>Male</span><span>Female</span></div>	
<b>Race (Circle):</b>	<b>Skin Tone (Circle):</b>	<b>Eye Color (Circle):</b>	<b>Hair Color (Circle):</b>	<b>Height:</b> _____ ft. _____ in.	
Indian/Alaskan	Black	Black	Bald		
Asian	Dark Brown	Blue	Black		
Black	Light Brown	Brown	Blonde		
Pacific Islander	Fair	Green	Brown		
White/Caucasian	Light	Gray	Gray		
Hispanic/Latino	Medium	Hazel	Sandy		
Unknown/Other	Olive	Other	Red		
<b>Circle if applicable:</b> Student Teacher    Bus Driver    Contractor					
<b>Position Applying For (if contractor, list the name of your employer):</b> _____					
APPLICANT SIGNATURE AND DATE					
<b>Signature (if under the age of 18, parent/guardian signature is required):</b>				<b>Date:</b>	

Office Use Only: Bushue Background Screening					
<b>Proof of Identity:</b>			<b>ORI Number:</b>		
DL	State ID	Passport	Birth Certificate	SSC	Regular: ILL13668S
<b>Technician:</b>	<b>Technician License Number:</b> 249.000 _____		<b>TCN:</b>		<b>Purpose Code:</b>
<b>Date of Fingerprint:</b>	<b>Time:</b>	<b>Location:</b>		<b>Payment Amount</b> _____	
				<b>Payment Type:</b> Cash    M.O    CC _____	

Please check box if renewal for Educator, School Employee

CFS 689  
6/01

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: (Print) \_\_\_\_\_  
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, Safe Environment Office (Agency Name)  
Alison Smith (Contact Person)  
1615 West Washington (Address)  
Springfield, IL 62702 (City/State/Zip)

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



Illinois Department of Children & Family Services  
Effective 12/23/2013