

Fingerprinting Process for L-1

Clergy Fingerprinting Form & Instructions

L-1 Identity Solutions

(AKA MorphoTrust USA)

Springfield & Jacksonville Deanery

1. Complete Page 4 and 5 included in this document.

Page 4 – Policy on Sexual Abuse of Minors Certification Document AND
Page 5 - Authorization for Background Check of the Department of Children and Family Services Abuse and Neglect Tracking System.

2. The two completed pages are forwarded to the Diocese of Springfield, Office for Safe Environment, 1615 W. Washington Street, Springfield, IL 62702

3. Fingerprint Process:

- a. Follow the L-1 Identity Solutions On-Line Registration Instructions are on page 2.
- b. Register with L-1 for fingerprinting.
- c. To avoid payment at the time of fingerprinting follow billing instructions included in step #14d.
- d. During the registration process select one of the fingerprint sites below and select a date and time for fingerprinting at this site.

L-1 Fingerprint Locations in Illinois - 7/1/2013

Belleville, IL. (219 South Illinois Street Suite D) [Map (opens new browser)]	M, W & F 9:15 - 12, 2 - 6
Decatur, IL. (3419 North Woodford Street) [Map (opens new browser)]	Every Other T 10 - 2
Macomb, IL. (117 East Carroll Street) [Map (opens new browser)]	M - F 8 - 12, 1 - 4:30
Quincy, IL. (416 North 24th Street Ste R) [Map (opens new browser)]	M - F 8:30 - 12, 1 - 4:30
Springfield, IL. (1650 Wabash, Ste D) [Map (opens new browser)]	M - F 8:30 - 1, 2:30 - 4:30

4. No paperwork is needed and no fees will have to be paid if the on-line registration process is completed correctly.

Contact Alison Smith in the Office for Safe Environment with any questions

L-1 Identity Solutions

On-Line Registration Instructions

Web Address: 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:** ENROLLMENT from the top margin
3. **Select:** “Need Fingerprinting For Your Job?”
4. **Select:** “ Schedule an Appointment”
5. **Select:** **Illinois** & then **GO**
6. **Select:** **On-Line Scheduling**
7. **Select:** **Begin registration** (English or Espanol)
8. **Enter:** First Name
9. **Enter:** Last Name
10. **Select:** **GO**
11. At **Agency Name** Select: **Adam Walsh Act** **Select:** **GO**
12. At **Agency Number/ORI** drop down box **Select:** **Catholic Diocese of Springfield**
13. **Select:** **GO**
14. **Enter zip code** **Select:** **GO**
15. At the Schedule page locate the desired fingerprint location and **Click On:** **desired date** for the corresponding location;
16. From the drop down box **Select:** **desired time & GO**
17. At **Personal Review** **Select:** **NO** (If you desire a copy of your results please contact the Office for Safe Environment at 217-698-8500 Ext. #162).
18. Applicant Information:
 - a. **Complete** Information (Red Asterisk info only)
 - b. **Do not complete** – Employer Information
 - c. **Complete** – Billing information
 - At **Payment Method** **Select from the Drop Down Box:** **Billing Account**
 - Enter Account #: **ILDOS01** (Explanation - **I** as in **Illinois**, **L** as in **Lincoln**, **D** as in **Diocese**, **O** as in **Only**, **S** as in **Sam**, **Q** as in **Zero**, **1** as in **One**)
19. **Click on:** **Send information**
20. Complete the remainder of the registration following the on screen instructions.

L-1 Identity Solutions
Customer Service
1-877-289-6114

Please complete the following two forms and return to:

**Diocese of Springfield in Illinois
Office for Personnel Services
1615 West Washington Street
Springfield, IL 62702**

- 1. School Applicant Criminal History Search - Form L1**
- 2. Illinois Department of Children and Family Services AUTHORIZATION FOR BACKGROUND CHECK, Child Abuse and Neglect Tracking System (CANTS)**

Fingerprint Form - L-1 Identity Solutions (MORPHO Trust) School Applicant Criminal History Search



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 *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

RETURN THIS PAGE TO PERSONNEL SERVICES

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.

Signed **Date**

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)



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