

Fingerprint Site:

**Adams/Pike Regional Office of Education
Adams County Court House (west side), Room 103
507 Vermont St., Quincy, IL 62301**

Please call to schedule an appointment:

217-277-2084 or
217-277-2080

Fingerprinting Hours:

Monday thru Friday
9:00 a.m. – 12:00
noon
2:00 p.m. – 4:00 p.m.

Form Instructions –

1. Applicant completes all three pages
2. All pages are mailed or faxed or emailed to:

Diocese of Springfield in Illinois
Office for Safe Environment
1615 W. Washington Street
Springfield, IL 62702

FAX: 888-927-4141

EMAIL: dmaynerich@dio.org

3. Page 2 - Applicant takes to the fingerprint site



School Applicant Criminal History Search - Quincy, IL
 Diocese of Springfield in Illinois
 Policy on Sexual Abuse of Minors
 Certification Document

Please Provide the Following Information (Please Print Clearly).

School Name & City _____ **Employment Position** _____

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 or pled guilty to 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 or pled guilty to 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 – isp.illinois.gov/sor/disclaimer

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

Individual verifying
 Completion of the Search _____
 Signature Title

**Regional Office of Education #1
 507 Vermont St. – Suite 103, Quincy, IL 62301
 Criminal History Records Check Request & Release**

**Springfield Diocese – Fee Applicant – ORI: ILL13668S,
 Purpose Code: AWA, Cost Center: 4113**

Applicant should complete the top portion of this form

The following information must be provided to complete the fingerprinting/background check and will only be used for those purposes. A State-issued photo identification must be shown at time of fingerprinting.

Full Name: _____
Last First Middle

Address: _____
Street City State Postal code

Telephone Number: (____)____-____ Place of Birth: _____
State (Country if outside USA)

Date of Birth: _____ Aliases: _____
Maiden or other known names

Sex: M / F Race: _____ Height: _____ Weight: _____ Hair: _____ Eye: _____

Drivers License or State-Issued ID No. _____

IEIN/SSN: _____

I affirm that I have initiated a fingerprint-based Criminal History Records Check with the Diocese of Springfield, IL and the Adams/Pike Regional Office of Education and the results of that check will be sent to Diocese of Springfield, IL

X _____
Applicant's Signature Date

I hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints will be taken and used to check the criminal history record information files of the Illinois State Police and the Federal Bureau of Investigation. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

X _____
Applicant's Signature Date

For School Use Only:

I hereby give permission for applicant to be fingerprinted for: Certified Non-Certified

Principal Signature School Date

For Adams/Pike Regional Office of Education Use Only:

FP Tech: _____ Location: ROE #1, 507 Vermont St., Quincy, IL
 Date: _____ Time: _____ LN.: 262.000021
 TCN: LS10402L _____ Payment: INV



State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

Name: _____
Last First Middle

Date of Birth: -- -- Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

Electronic Signatures NOT accepted

Signed Date

Please type, use bold letters or label:

1-888-927-4141 (Submitting Agency Fax Number)

asmith@dio.org (Submitting Email Address)

DIocese of Springfield in Illinois, Safe Environment Office (Agency Name)

ALISON SMITH (Contact Person)

1615 WEST WASHINGTON (Address)

SPRINGFIELD, IL 62702 (City/State/Zip)