

Instructions

School Bus Driver Fingerprinting - Madison County ROE

1. Pages 1 and 4:

- Applicant - completes pages 1 and 4
- Principal – page 1 complete School Use Only Section
- Principal – page 1 Retain copy of page 1 in employee file
- Principal – pages 1 and 4 Send to the Office for Safe Environment

2. Pages 2 & 3

- Principal – page 2 signs in District Use Only Section
- Principal – page 2 enter School Bus Driver ORI #
- Principal – page 3 complete Agency/Organization information
- Applicant – page 3 complete Applicant Consent.
- Applicant take pages 2 and 3 to the ROE for fingerprinting at the appointed date and time.

Note:

- The form must be signed in order for the diocese to be billed. If it is unsigned – the bus driver must pay for it.



School Bus Driver Fingerprinting @ Madison County ROE
 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 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 – 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 41-Fingerprint Form

Adam Walsh-Private School/Facility

Location: 157 North Main Street, Suite 438 Edwardsville, IL 62025

Location Note: You will find us in the Administration Building next to the Madison County Courthouse

Fingerprint Hours: Monday – Friday, 9:00am-3:45pm By Appointment, Phone: 618-296-4530

Please complete the below fields and make sure all information is legible to read

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

MAIDEN NAME/ALIAS: _____

DATE OF BIRTH: _____

DRIVERS LICENSE #: _____ STATE ISSUED IN: _____

PLACE OF BIRTH (State or Country if outside of US): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

Gender: _____ Race: _____ Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Applicant Verification and Authorization

By signing below, I acknowledge and 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 may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. 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 pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

SIGNATURE OF APPLICANT: _____ DATE: _____

School/Facility Use Only-All Fields Required

School/Facility Name: _____ ORI: _____ ILL13668S _____ Purpose Code **AWA**

Signature of School or Facility Designee: _____

REQUIRED- ROE 41 will not fingerprint without a signature. By signing, the district/company agrees to be billed for the fingerprint.

ROE USE ONLY

TCN NUMBER: _____

Technician Signature: _____

Sex Offender Database Checked _____

Date: _____ Time: _____

Murder and Violet Offender Database Checked _____

**Form Effective July 2022. No other forms will be accepted. Privacy Statement on Page 2 must be included.

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Livescan Vendor Information and Applicant Consent Form

Instructions:

This form is to be completed by the agency or organization seeking to have a fingerprint based criminal history record information check completed for an applicant. It is imperative that the correct agency/organization identification number (ORI) and purpose code be included on the form in order to ensure that the criminal history check is processing properly and that the criminal history response is forwarded to the appropriate destination. The agency/organization contact person's name and phone number should also be included in case the livescan vendor encounters a problem or has questions regarding billing, etc. The livescan vendor will use the applicant information appearing on the form to verify the identification documentation provided by the applicant before the fingerprints are taken. Consequently, it is important that the agency/organization complete the applicant information section in detail. The applicant should sign the form in order to authorize the release of any criminal history record information that may exist regarding the applicant. Once the form is completed and signed, two copies of the form should be made by the agency/organization. Both copies are to be provided to the applicant. The applicant is to give one copy of the form to the livescan fingerprinting vendor to use to submit the criminal history record fingerprint inquiry to the Illinois State Police and/or Federal Bureau of Investigation for processing. The applicant should keep the other copy for their files. The form containing the applicant's original signature authorizing the release of any criminal history record information that may exist, should be maintained in file by the agency/organization seeking to employ, license or utilize the services of the applicant.

Agency/Organization Information

Agency/Organization Name:		Agency/Organization ORI Number:	
Cost Center (if applicable):	Purpose Code: SBD	Request Type: State/FBI State Only FBI Only	
Contact Person Name:		Contact Person Phone #:	

Applicant Information

Name:	Sex:	Race:	Date of Birth:
SSN:	Drivers License #:	DL State:	

LiveScan Vendor/Appointment Information

Vendor Name: Madison County Regional Office of Education	Address: 157 N. Main St., Ste. 438, Edwardsville, IL 62025	
Phone Number: 618-296-4530	Appointment Date:	Appointment Time:

Applicant Consent

I, the undersigned, 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/or 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 inaccurate or incomplete.

Applicant Name (printed):	Date:
Applicant Name (signature)	

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)