

# Fingerprint Instructions for ROE 40 Offices are in Jerseyville and Carlinville

Our Instructions for the Diocese will be different from the website:

1. Principals or Applicants go to <http://www.roe40.com/fingerprintbackground-checks.html>
2. Go to bottom of page to click on location that you want to go to set the appointment:

Schedule your appointment by clicking preferred location on the map.

Choose a location to make an appointment.

**Carlinville Location**  
225 E. Nicholas St, Carlinville, IL, 62626, US  
directions

**Jerseyville Location**  
201 W. Exchange, Jerseyville, IL, 62052, US  
directions

Map Satellite Greenfield Hettick Standard City  
Carlinville  
Jerseyville

Map data ©2016 Google, Terms of Use Report a map error

Effective August 12, 2004, Public Act 93-909 amended Sections 10-21.0\* and 34-18.5 of the Illinois School Code (105 ILCS 5/10-21.0; 105 ILCS 5/34-18.5) to require school districts to perform a fingerprint

Please print and complete the appropriate form below and bring to your appointment.

Carlinville Fingerprint Fee App  
Download File

Jerseyville Fingerprint Fee App  
Download File

Teacher's Physical Form  
Download File

Should you need to cancel your appointment please use the link provided in the e-mail confirmation that you received.

If you have any questions, need to fingerprint a group of people, etc please call 217-854-4016 x21

3. Principals have the applicant fill out the following paperwork for the appropriate location (if they go to Jerseyville give them Jerseyville paperwork or Carlinville- give Carlinville paperwork)
4. **Send a copy of all paperwork to us at 1-888-927-4141 or [dmaynerich@dio.org](mailto:dmaynerich@dio.org) – if this is omitted this will cause many complications that may result in having to redo fingerprints and billed double for both printings.**
5. Have the applicant take the ROE#40 Fingerprint Fee Applicant Consent Release with them and the only thing they will need is a Driver's License or State Issued Photo ID.
6. If they bring this form in – they will not be charged for the print and it will be under our ORI number- to do otherwise will cause many complications and reprinting will be necessary **and billed double for both printings.**



School Applicant/Employee  
 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](http://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



**Carlinville Office**

225 East Nicholas  
Carlinville, IL 62626  
Ph (217) 854-4016  
Fax (217) 854-2032



**Jerseyville Office**

201 West Exchange  
Jerseyville, IL 62052  
Ph (618) 498-5541  
Fax (618) 498-5543

[www.roe40.com](http://www.roe40.com)

**FINGERPRINT FEE APPLICANT CONSENT RELEASE**

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (XX/XX/XXXX): \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State of birth (Country, if born outside of the US): \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please circle one of the following Purposes for Fingerprinting:**

- |  |                                |                     |
|--|--------------------------------|---------------------|
| Health Care (Home Health/Nursing Home) (IDFPR) | Registered Nurse (IDFPR)       | LPN (IDFPR)         |
| Teacher (Full Time)                            | Teacher (Substitute)           | Paraprofessional    |
| Janitorial                                     | Office                         | School Volunteer    |
| Conceal Carry-Applicant                        | Conceal Carry-Instructor (CCI) | Other: _____        |
|  |                                | School Bus Driver   |
|  |                                | Coaching            |
|  |                                | Video Gaming(IGB)   |
|  |                                | Cannabis            |
|  |                                | Mandatory Reporting |

**Are you being fingerprinted as a requirement of employment?** YES NO

If yes, what is the name of the requesting agency? \_\_\_\_\_

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.

Applicant Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPORTANT:** If this appointment is for a school district/business that will be making payment there must be an authorized signature here:

School Dist /Business Name: \_\_\_\_\_

ORI # \_\_\_\_\_ Authorized by: \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Official ROE #40 Office Use Only:**

Ref #: \_\_\_\_\_

TCN # LS11122L \_\_\_\_\_ or

TCN # LS11104L \_\_\_\_\_

Technician Signature: \_\_\_\_\_

Applicant  
Identification # \_\_\_\_\_

Exp date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Paid in Full: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ CASH CHECK

**Billing Information:**

Name of Payee: \_\_\_\_\_ Invoice via: FIRM SYSTEMS or ROE 40

\*Payment (Circle One): \_\_\_\_\_ Billing ORI: \_\_\_\_\_

SELF-PAY EMPLOYER INSTITUTON



Please check box if renewal for an educator or school employee

CFS 689  
Rev 7/2012

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)