



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

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

Individual verifying

Completion of the Search _____
Signature Title



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)