

**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

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: [safeenvironment@dio.org](mailto:safeenvironment@dio.org)

3. Page 2 - Applicant takes to the fingerprint site



School Applicant Criminal History Search - (Quincy)

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 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 Clerical Sexual Abuse of Minors: Policy for Education, Prevention, Assistance, and Determination of Fitness for Ministry 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 & State Murderer and Violent Offender Against Youth Registry searches conducted by hiring Catholic School

- State Sex Offender Registry checked on \_\_\_/\_\_\_/\_\_\_ (isp.illinois.gov/sor/disclaimer)
State Murderer & Violent Offender Against Youth checked on \_\_\_/\_\_\_/\_\_\_ (https://isp.illinois.gov/MVOAY/Disclaimer)
Applicant notified of the State Registries Results \_\_\_/\_\_\_/\_\_\_

Individual verifying

Completion of the Search

Signature

Title

**Regional Office of Education #1  
Adams County Court House, Room 104  
507 Vermont St., Quincy, IL 62301  
Phone 217.277.2087 Fax: 217.277.2092**

*Please schedule an appointment @ <https://www.roe1.net/services/educator-licensure/>*

**Criminal History Records Check Request & Release – Springfield Diocese**

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

**For Applicant:**

*The 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 Zip Code

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ State of Birth: \_\_\_\_\_  
State (Country if outside USA)

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eye: \_\_\_\_\_

Drivers License or State-Issued ID No. \_\_\_\_\_

SSN: \_\_\_\_\_

School/Agency Name: \_\_\_\_\_

I affirm that I have initiated a fingerprint-based Criminal History Records Check with the Diocese of Springfield, IL and the Regional Office of Education #1 and the results of that check will be sent to the Diocese of Springfield, IL.

X \_\_\_\_\_  
Applicant's Signature Date

**For School Use Only:**

I hereby give permission for applicant to be fingerprinted for:  AWA

\_\_\_\_\_  
Principal Signature School Date

**For Regional Office of Education #1 Use Only:**

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

FP Tech: \_\_\_\_\_ Location: ROE#1, 507 Vermont St., Quincy, IL

Date: \_\_\_\_\_ Time: \_\_\_\_\_ LN.: 262.000021

TCN: LS10402 L7846 \_\_\_\_\_ Payment Amount Due: Invoice to Springfield Diocese



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:**

<u>1-888-927-4141</u>	(Submitting Agency Fax Number)
<u>safeenvironment@dio.org</u>	(Submitting Email Address)
<u>DIOCESE OF SPRINGFIELD IN ILLINOIS, SAFE ENVIRONMENT OFFICE</u>	(Agency Name)
<u>ALISON SMITH</u>	(Contact Person)
<u>1615 WEST WASHINGTON</u>	(Address)
<u>SPRINGFIELD, IL 62702</u>	(City/State/Zip)