

Fingerprint Site:

Madison County ROE

Form Instructions –

1. Applicant completes all 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
3. Page 2 - Applicant takes to the fingerprint site



School Applicant Criminal History Search - (Madison County)

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 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 Only**, 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): _____		
CURRENT MAILING ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
PHONE NUMBER: _____		
School/Agency Name & Position Applied For: _____		
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: <u>ILL13668S</u>	Purpose Code <u>AWA</u>
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.

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)

safeenvironment@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)