

Instructions for Fingerprinting Vendor - Bushue Human Resources, Inc.

Applicant:

1. **School Applicant Certification Document** (page 2) - Complete all information except School use only portion
2. **Bushue Disclosure and Authorization Form & Privacy Statement** (page 3 & 4) - Read & Sign
3. **Fingerprint Form**(page 5)- Complete all info except Office Use Only
4. **Department of Children & Family Services CANTS Form** (page 6) - Complete all applicable information.

5. After completing the entire packet applicant chooses a fingerprint location from the below listing and calls for an appointment, (if indicated). Bushue Locations and Contact Phone Numbers:

<p>Effingham Deanery 302 E. Jefferson Ave. Effingham, IL 62401</p> <p>217-342-3042</p>	<p>Decatur Deanery 101 West Cero Gordo Decatur, IL</p> <p>Must Call for Appointment 217-342-3042</p>	<p>Litchfield Deanery Christian/Montgomery ROE; 101 South Main Street (Court House) Taylorville, Illinois 62568.</p> <p>Call 217-342-3042 to schedule an appointment</p>
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Principal

NOTE: ALL PAGES must be completed and sent to the Office for Safe Environment at safeenvironment@dio.org. or Faxed to her at 1-888-927-4141 at least 24 hours prior to the applicant being fingerprinted.

For more information contact: Office for Safe Environment:
 Fax #: 888-927-4141 Email: safeenvironment@dio.org Mailing Address: Office for Human Resources, 1615 W. Washington, Springfield, IL 62702 Phone 217-698-8500- Ext. 151

Bushue Human Resources, Inc.
School Applicant Criminal History Search - (Bushue)



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



Diocese of Springfield in Illinois

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

The Diocese of Springfield in Illinois has contracted with Bushue Background Screening in connection with my application for employment, volunteerism, contracted services, tenancy, enrollment, acceptance into a program, and/or other reasons. I understand consumer reports will be requested by you the end-user. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, fingerprint records etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand the end-user can use this disclosure in connection to obtaining consumer reports throughout my employment, volunteer services, contracted service, tenancy, enrollment, etc. with the end-user.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by the Diocese of Springfield in Illinois. In connection with the End-User, this authorization shall remain on file and shall serve as ongoing authorization for End-User to procure such reports at any time during my employment, contract, volunteer period, or other affiliation to the End-User. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: ("Agency"), Bushue Background Screening, 302 E. Jefferson Avenue, Effingham, IL 62401, telephone number (217) 342-3042, upon proper identification, to obtain copies of any reports furnished to End-User by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on End-User's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to End-User obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.bushuebackgroundscreening.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here (only if this applies):

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

I authorize End-User and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report.

Signature: _____ Date: _____



Diocese of Springfield in Illinois

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 nongovernmental 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.

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: _____ Date: _____



Diocese of Springfield

(BHR Fingerprint - School)

*Information is used for background screening purposes only.

PLEASE PRINT LEGIBLY					
Applicant's Legal Name <small>(full name)</small>	First:	Middle:	Last:		
Alias or Maiden Name	First:	Middle:	Last:		
Home Address:	Street Address:		City:	State:	Zip:
APPLICANT INFORMATION					
Date of Birth (MM/DD/YYYY): ____/____/____		Social Security Number: ____-____-____		Place of Birth (state):	
Phone Number:		Email Address:			
Driver's License Number:			State of Issuance:		Gender: Male Female
Race (Circle):	Skin Tone (Circle):	Eye Color (Circle):	Hair Color (Circle):	Height: ____ft. ____in.	
Indian/Alaskan	Black	Black	Bald		
Asian	Dark Brown	Blue	Black		
Black	Light Brown	Brown	Blonde		
Pacific Islander	Fair	Green	Brown		
White/Caucasian	Light	Gray	Gray		
Hispanic/Latino	Medium	Hazel	Sandy		
Unknown/Other	Olive	Other	Red		
Circle if applicable: Student Teacher Bus Driver Contractor					
Position Applying For (if contractor, list the name of your employer): _____					
School/Agency Name: _____					
APPLICANT SIGNATURE AND DATE					
Signature (if under the age of 18, parent/guardian signature is required):				Date:	

Office Use Only: Bushue Background Screening			
Proof of Identity: DL State ID Passport Birth Certificate SSC		ORI Number: Regular: ILL13668S	
Technician:	Technician License Number: 249.000 _____	TCN:	Purpose Code:
Date of Fingerprint:	Time:	Location:	Payment Amount _____ Payment Type: Cash M.O CC _____

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)