

Fingerprint Instructions for ROE 40 Offices are in Jerseyville and Carlinville

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

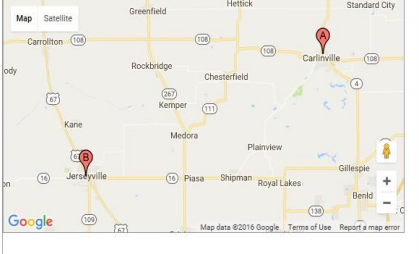
1. Principals or Applicants go to <http://www.roe40.com/fingerprintbackground-checks.html>
2. Go to bottom of page to click on location that you want to go to set the appointment:

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



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

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

3. Principals have the applicant fill out the following paperwork.
4. Send a copy of all paperwork to us at 1-888-927-4141 or safeenvironment@dio.org.
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 Criminal History Search - (ROE 40)

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



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

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: _____

School Name & City: _____

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 School Bus Driver Coaching
- Janitorial Office School Volunteer Video Gaming(IGB) Cannabis Mandatory Reporting
- Conceal Carry-Applicant Conceal Carry-Instructor (CCI) Other: _____

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 # ILL136685 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)

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)