

Charleston Transitional Facility

Improving the lives of individuals with developmental disabilities.

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer: In compliance with Federal, State and Local employment laws, CTF will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Instructions: Please print and fill out the application completely. Reference to a resume does not serve as a substitute for information required on this application, although a resume may be attached for additional information. Incomplete applications may prevent applicants for being considered for employment.

| Developmental Training Programs | | |
|---|---|--|
| Charleston DT 521 7 th St. Charleston, IL 61920 | Lawrenceville DT 1511 13 th St. Lawrenceville, IL 62439 | University Park DT 70 Town Center Plaza University Park, IL 60466 |
| Blumenthal (Seniors) 914 17 th St. Charleston, IL 61920 | | 12 Town Center Plaza University Park, IL 60466 |

Residential CILAs (Community Integrated Living Arrangements)

| Charleston Area | | South Suburban Area | |
|---|--|---|---|
| 1821 12 th St. Charleston, IL 61920 | 2016 Douglas St. Charleston, IL 61920 | 4701 184 th St. Ctry Club Hills, IL 60478 | 343 Neola St. Park Forest, IL 60466 |
| 719 N. 23 rd St. Mattoon, IL 61938 | 2431 Eastgate Dr. Charleston, IL 61920 | 194 Hawthorne Ln. Chicago Hts., IL 60411 | 322 Onarga St. Park Forest, IL 60466 |
| 725 "C" St. Charleston, IL 61920 | 907 W. Polk Ave. Charleston, IL 61920 | 18844 Kings Rd. Homewood, IL 60430 | 15649 Tina Ln. Flossmoor, IL 60422 |
| 2 Circle Dr. Charleston, IL 61920 | 2977 Whitetail Dr. Charleston, IL 61920 | 230 Monee Rd. Park Forest, IL 60466 | 24606 Wildwood Trail Crete, IL 60417 |
| 201 Coolidge Ave. Charleston, IL 61920 | 31 Yearling Ct. Charleston, IL 61920 | Lincoln Area | |
| | | 6 Karen Court Atlanta, IL 61723 | 322 N. Sherman St. Lincoln, IL 62656 |
| Crown Point Rt. 250 West, Box 174 Sumner, IL 62466 | | 1100 N. Sherman St. Lincoln, IL 62656 | |

Administrative Offices

| | | |
|--|---|---|
| Administration & Accounting 1902 Fox Dr. Suite B Champaign, IL 61820-7378 Phone (217) 352-7158 Fax (217) 352-7166 | Administration & HR 521 7 th St. Charleston, IL 61920 Phone (217) 348-8798 Fax (217) 348-8793 TTD (217) 348-8824 | CILA & DT Operations 702 Jackson Ave. Charleston, IL 61920 Phone (217) 348-8798 Fax (217) 348-8804 |
|--|---|---|

Last Name (print)

First Name

Middle Initial

Date

DRIVING REQUIREMENTS

Many of CTF's positions require employees to drive a company vehicle as an essential function of the job. The applicant must complete this section in order to be considered for any position in which driving is an essential function of the job and in order to meet CTF's liability insurance carrier requirements for authorized drivers. CTF will consider applicants who require reasonable accommodations under the Americans with Disabilities Act, and who make a formal request for such reasonable accommodations.

Authorized Driver Qualifications:

1. Valid current driver's license.
2. Minimum age of 18
3. Must have an acceptable MVR record with no more than:
 - ♦ Two moving violations* in the past three years, or
 - ♦ Two chargeable accidents* in the past three years, or
 - ♦ One chargeable accident* in any 12 month period

(* Note: Moving violations include any ticket, charge, or other law enforcement proceeding relating to these, as well as independent evidence of violations regardless of whether a ticket or charge has been initiated. Chargeable accidents are those in which the driver is determined to be the primary cause of the accident through speeding, inattention, etc. Contributing factors, such as weather or mechanical problems, will be taken into consideration.)

4. No major violations in the past three years, with major violations being defined as:

| | |
|--|--|
| <ul style="list-style-type: none">♦ DUI/DWI♦ Speeding over 80 mph♦ Reckless Driving♦ Careless Driving♦ Speed contests♦ Vehicular Homicide♦ Criminal use of vehicle | <ul style="list-style-type: none">♦ Suspended/revoked license♦ Driving w/ suspended/revoked license♦ Driving while unlicensed♦ Using motor vehicle in commission of felony♦ Aggravated assault with a motor vehicle♦ Operation of vehicle without owners' authority |
|--|--|

5. Employees authorized to drive their own personal vehicles for company business must have current automobile insurance.

____ I currently meet the authorized driver qualifications listed above. I understand that if driving a company (initials) vehicle is a requirement of the position for which I am being considered, that having and maintaining a satisfactory driving record would be a condition of my employment.

____ I give CTF permission to check my driving record prior to hire and to check it periodically thereafter, and (initials) further agree, if hired, to report any of the above listed offenses, or any other condition that may affect my ability to drive a Company vehicle to my supervisor immediately.

____ I release CTF, its employees, and those who supply driving record information to CTF from any liability or (initials) any damage which may result from furnishing the requested information or from my failure to be hired for the position for which I am applying.

Signature

Date

****OPTIONAL** To Decline Consideration for Positions Requiring An Authorized Driver**

I do not want to be considered for any positions that require an authorized driver, whether for failure to meet the above listed requirements or for any other reason. I understand that by declining, I will not be considered for positions which require an authorized driver, and may limit my opportunities for employment with CTF.

Signature

Date

PERSONAL INFORMATION

Please print clearly and legibly

| | | | | |
|-----------------|------------|-------|----------------|-------------------|
| LAST NAME | FIRST NAME | M.I. | PREFERRED NAME | SOCIAL SECURITY # |
| | | | | |
| MAILING ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NUMBER |
| | | | | () |

How did you learn about us?: CTF Employee (name) _____ Walk-in Worked Here Before
 Newspaper Ad Internet Ad School Placement Office
 Employment Agency Other (specify) _____

If hired, will you be able to provide the required documentation to verify your legal eligibility to work in the United States, no later than the 3rd day of employment? Yes No

If hired, will you be able to provide the required documentation to verify your education? Yes No

Are you at least 18 years of age? Yes No

Have you been convicted of a felony? Yes No

If yes, give date of conviction and specific information: _____

(You are not required nor will you be asked to report whether you have a sealed and/or expunged conviction or arrest. A response of "yes" will not automatically disqualify you from employment with us.)

EMPLOYMENT DESIRED AND HOURS AVAILABLE

| | | |
|--------------------------------------|-------------------------------|--------------|
| Position(s) applying for (if known): | Date available to start work: | Pay desired: |
|--------------------------------------|-------------------------------|--------------|

Desired employment (check as many of the following as apply):

Location: ___ Charleston/Mattoon ___ South Suburbs ___ Lincoln/Atlanta ___ Lawrenceville/Sumner

Type of work: ___ CILA/residential services ___ Day Training Program ___ Supervisory/Management ___ Other

Work status: ___ Full-time ___ Part-time (over 20 hours/week) ___ Part-time (less than 20 hours/week) ___ Other

Shift: ___ Early Morning (6-10 AM) ___ Days ___ Afternoons/Evenings ___ Overnights

Availability: ___ Weekends (Friday night through Sunday night) ___ Holidays

| Hours available: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------------|--------|---------|-----------|----------|--------|----------|--------|
| From: | | | | | | | |
| To: | | | | | | | |

| | |
|--------------------------------|--|
| Total hours available per week | Are you able to work beyond your scheduled shift and/or work overtime if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------------|--|

Are you able to complete the duties of the job for which you are applying, without accommodation(s)? Yes No

What, if any, accommodation(s) might you require to complete those functions? _____

Is there anything that would interfere with your regular attendance or punctuality if you are offered a job? Yes No

If Yes, please explain: _____

EMPLOYMENT HISTORY

Begin with your most recent or current employment, and continue with all past employment. Attach additional sheets if necessary. All information MUST be completed. You may not substitute a resume for this application, although a resume may be attached for additional information.

Employer #1 – Current or Most Recent Employer

Are you currently employed? Yes No
 May we contact your current employer? Yes No If no, please explain: _____

| | | | | |
|--|-----------|---------------------|---------------|---|
| Company Name | | Position/Job Title: | | Employment was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temp |
| Address, City, State | Telephone | From: | To: | |
| Supervisor Name/Title | | Start Pay Rate: | End Pay Rate: | Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (specify): |
| Duties performed and skills used or learned: | | | | |

Employer #2

May we contact this employer? Yes No If no, please explain: _____

| | | | | |
|--|-----------|---------------------|---------------|---|
| Company Name | | Position/Job Title: | | Employment was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temp |
| Address, City, State | Telephone | From: | To: | |
| Supervisor Name/Title | | Start Pay Rate: | End Pay Rate: | Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (specify): |
| Duties performed and skills used or learned: | | | | |

Employer #3

May we contact this employer? Yes No If no, please explain: _____

| | | | | |
|--|-----------|---------------------|---------------|---|
| Company Name | | Position/Job Title: | | Employment was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temp |
| Address, City, State | Telephone | From: | To: | |
| Supervisor Name/Title | | Start Pay Rate: | End Pay Rate: | Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (specify): |
| Duties performed and skills used or learned: | | | | |

GAPS IN EMPLOYMENT

| | | |
|-------|----|--|
| Dates | | Explain gaps in employment longer than 30 days <input type="checkbox"/> Not Applicable |
| From | To | Reason |
| From | To | Reason |
| From | To | Reason |

EDUCATION

| | Name and Location of School | Course of Study (Major/Minor) | # of Years Completed | Degree/ Diploma Received |
|-----------------------------|-----------------------------|-------------------------------|----------------------|---|
| High School | | <i>Not applicable</i> | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College | | | 1 2 3 4 5+ | <input type="checkbox"/> Yes <input type="checkbox"/> No Type: |
| Vocational/ Trade School | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No Type: |
| Other | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No Type: |

Skills and Qualifications: If applicable, summarize any special skills or qualifications that may qualify you to work with our company and directly relate to the position for which you are applying:

Specialized Training: Please list workshops, courses, certifications and/or other training you have completed that directly related to he position for which you are applying:

| | | |
|--|----------------------------|--------------------------|
| Have you ever <u>applied</u> with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, for what position? | When? |
| Have you ever been <u>employed</u> with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, in what position? | When? |
| Do you have any relatives that are currently working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, who? | What location/work site? |

PERSONAL OR BUSINESS REFERENCES

List three (3) references you have known for at least one year. Do not list relatives or anyone listed in the Employment Section.

| Name/Occupation | Telephone Number | Years Known | Relationship |
|-----------------|------------------|-------------|--|
| | | | <input type="checkbox"/> Work related <input type="checkbox"/> Personal |
| | | | <input type="checkbox"/> Work related <input type="checkbox"/> Personal |
| | | | <input type="checkbox"/> Work related <input type="checkbox"/> Personal |

Application Notification and Authorization

Read the following information carefully before signing below.

- I certify that all answers given by me are true, accurate and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation of these facts on this application (or any other accompanying or required documents) may be grounds for denial of employment or immediate termination of employment, regardless of when or how discovered.
- I understand that, in connection with my application for employment, investigations and inquiries may be made, including but not limited to, all statements and information contained in this application, my background and qualifications, my past employment, education, criminal convictions and history, motor vehicle reports, etc. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.
- If I am offered employment, I agree to submit to any required medical examination and/or drug test before starting work. If employed, I agree to submit any medical examination, drug test, and/or alcohol test at any time deemed appropriate by CTF and as permitted by law. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory results of said test, and, if hired, is a condition of employment, and will abide by CTF's drug and alcohol policies.
- If accepted for employment with CTF, I agree to abide by the employment guidelines established by CTF, and to attend orientation and training programs as required. Conduct which violates CTF's policies will result in disciplinary action, up to and including termination.
- I understand that this application does not represent an offer of employment. I further understand that the acceptance of an offer of employment does not create a contractual obligation with CTF to continue to employ me in the future.

Signature of Applicant _____ Date _____

Authorization to Release Information

Instructions for the applicant: Please complete **Section 1 ONLY** as part of the application process. As part of the screening and hiring process, CTF may choose to forward this release to your current or previous employer(s) in order to verify your employment history and job performance.

SECTION 1: APPLICANT COMPLETES

I hereby authorize current or former employers (whether an individual, company, or institution) to furnish Charleston Transitional Facility with any information they may have concerning me which is on record or otherwise. I hereby release the individual, company, or institution and all individuals connected therewith, including Charleston Transitional Facility, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Name (print): _____ Social Security Number: _____

Other Name(s) Used (if applicable): _____

Signature: _____ Date: _____

(Applicant: DO NOT WRITE BELOW THIS LINE)

SECTION 2: (to previous employer)

The applicant named above is being considered for employment with Charleston Transitional Facility. The applicant has listed you or your organization as a current or former employer. In accordance with this signed release, please provide the information requested and return this form to us:

Charleston Transitional Facility
Attn: Human Resources Generalist

via U.S. Mail to: 521 7th St.
Charleston, IL 61920

or via fax at: 217-348-8823

Thank you for your assistance.

Name of Company/Employer: _____

Please rate the above-named applicant in each of the following areas (circle one):

| Job Skill | Excellent | Good | Average | Below Avg. | Poor |
|--------------------------------------|------------------|-------------|----------------|-------------------|-------------|
| Commitment to Service | Excellent | Good | Average | Below Avg. | Poor |
| Initiative | Excellent | Good | Average | Below Avg. | Poor |
| Attendance | Excellent | Good | Average | Below Avg. | Poor |
| Adherence to Policy/Procedure | Excellent | Good | Average | Below Avg. | Poor |
| Performance of Job Duties | Excellent | Good | Average | Below Avg. | Poor |

Position(s) Held: _____

Date(s) of Employment: _____ Would you rehire this applicant? Yes No

Reason Employment Ended: _____

Signature Title Date

BACKGROUND CHECK ACKNOWLEDGEMENT

Background check will be submitted to:

Illinois State Police, Division of Administration, Bureau of Investigation
260 North Chicago Street, Joliet, Illinois 60443-4075

The applicant's complete and accurate name, sex, race and date of birth are required in order to check the Illinois criminal history record files. Without this information, the search of the Illinois criminal history record information files could be adversely affected.

The requester (named below) considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Applicant Information

This request is for employment or licensing purposes. Yes No

Last Name

First Name

Middle Initial

Address

City

State

Zip Code

Social Security #

Date of Birth

Race: Valid IL State Police Codes for Race

White (W)

Black (B)

Asian/Pacific Islander (A)

American Indian/Alaskan (I)

Unknown (U)

Sex: Valid Codes

Male (M)

Female (F)

Unknown (U)

Subject Signature

Requester Information

Charleston Transitional Facility

Agency

Human Resources

Requester

521 7th St.

Street Address

Charleston, IL

City/State

61920

Zip Code

REFERENCE NUMBER: _____

DATE SUBMITTED: _____

APPLICANT VOLUNTARY SELF-IDENTIFICATION

The Equal Employment Opportunity Commission (EEOC) requires that we report on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

Thank you for your voluntary participation.

Name (please print): _____

GENDER (check one): Male Female

VETERAN STATUS (check one): Veteran Non-veteran

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

IMPORTANT NOTICE TO APPLICANT ABOUT PRIOR CRIMINAL CONVICTIONS

OFFENSE LISTING: The crimes that prohibit persons from being employed by CTF if they have been convicted (unless a waiver is granted) include the following:

Illinois Controlled Substances Act (720 ILCS 570)

Section /Title

401 Manufacture of Controlled/Counterfeit
Substance Controlled Substance Analog
401.1 Controlled Substance Trafficking
404 Look-Alike Substances
405 Calculated Criminal Drug Conspiracy

Section /Title

405.1 Elements of the Offense
407 Delivery to a Person under 18/Violations on or
Near School, Public Housing, Public Park
407.1 Employing Persons under 18 to Deliver
Substances

Illinois Cannabis Control Act (720 ILCS 550)

Section/Title

5 Manufacture, Delivery or Possession with
Intent to Deliver/Manufacture
5.1 Cannabis Trafficking

Section/Title

5.2 Delivery of Cannabis on School Grounds
7 Delivery to Person Under 18
9 Calculated Criminal Cannabis Conspiracy

Illinois Criminal Code (720 ILCS 5)

Section/Title

8-1.1 Solicitation of Murder
8-1.2 Solicitation of Murder for Hire
9-1 First Degree Murder
9-1.2 Intentional Homicide of an Unborn Child
9-2 Second Degree Murder
9-2.1 Voluntary Manslaughter of an Unborn Child
9-3 Involuntary Manslaughter and Reckless Homicide
9-3.1 Concealment of Homicidal Death
9-3.2 Involuntary Manslaughter and Reckless Homicide
of an Unborn Child
9-3.3 Drug Induced Homicide
10-1 Kidnapping
10-2 Aggravated Kidnapping
10-3 Unlawful Restraint
10-3.1 Aggravated Unlawful Restraint
10-4 Forcible Detention
10-5 Child Abduction
10-7 Aiding and Abetting Child Abduction
11-6 Indecent Solicitation of a Child
11-9.1 Sexual Exploitation of a Child
11-19.2 Exploitation of a Child
11-20.1 Child Pornography
12-1 Assault
12-2 Aggravated Assault
12-3 Battery
12-3.1 Battery of an Unborn Child
12-3.2 Domestic Battery
12-3.3 Aggravated Domestic Battery
12-4 Aggravated Battery
12-4.1 Heinous Battery
12-4.2 Aggravated Battery with a Firearm
12-4.2-5 Aggravated battery with a Machine Gun or Firearm
with a Silencer
12-4.3 Aggravated Battery of a Child
12-4.4 Aggravated Battery of an Unborn Child
12-4.6 Aggravated Battery of a Senior Citizen
12-4.7 Drug Induced Infliction of Great Bodily Harm
12.5 Tampering with Food, Drugs or Cosmetics

Section/Title

12-11 Home Invasion
12-13 Criminal Sexual Assault
12-14 Aggravated Criminal Sexual Assault
12-14.1 Predatory Criminal Sexual Assault of a Child
12-15 Criminal Sexual Abuse
12-16 Aggravated Criminal Sexual Abuse
12-19 Abuse/Gross Neglect of a LTC Facility Resident
12-21 Criminal Neglect of an Elderly/Disabled Person
12-21.6 Endangering the Life or Health of a Child
12-32 Ritual Mutilation
12-33 Ritual Abuse of a Child
16-2 Theft of Lost or Mislaid Property
16-1.3 Financial Exploitation of an Elderly/Disabled Person
16-A-3 Offense of Retail Theft
16G-15 Financial Identify Theft
16G-20 Aggravated Financial Identify Theft
17-3 Forgery
18-1 Robbery
18-2 Armed Robbery
18-3 Vehicular Hijacking
18-4 Aggravated Vehicular Hijacking
18-5 Aggravated Robbery
19-1 Burglary
19-3 Residential Burglary
19-4 Criminal Trespass to Residence
20-1 Arson
20-1.1 Aggravated Arson
20-1.2 Residential Arson
24-1.1 Unlawful Use or Possession of Weapon by Felon
24-1.2 Aggravated Discharge of a Firearm
24-1.2-5 Aggravated Discharge of a Machine Gun or Firearm
with a Silencer
24-1.6 Aggravated Unlawful Use of a Weapon
24-3.2 Unlawful Discharge of Armor Piercing Bullets
24-3.3 Unlawful Sale or Delivery of Firearms on the
Premises of Any School
25-1.5 Reckless Discharge of a Firearm
33A-2 Armed Violence

IMPORTANT NOTICE TO APPLICANT ABOUT PRIOR CRIMINAL CONVICTIONS (continued)

Charleston Transitional Facility (CTF) cares for people with disabilities. As such, we cannot knowingly employ or retain any individual who performs direct care for individuals receiving services if that person has been convicted of committing or of attempting to commit one or more of the offenses listed on the previous page.

Therefore, any offer of employment by CTF, or continuation of employment with CTF, is contingent upon a finding of no criminal convictions in the areas listed therein.

INITIALS (*initial each item below to indicate that you have read and understand this information*)

_____ CTF is required by law, under the Criminal Background Check Act, to obtain a non-fingerprint based criminal record background check prior to offering you ongoing employment, pursuant to the Uniform Conviction Information Act (UCIA).

_____ CTF may conditionally employ an applicant for up to 3 months pending the results of the UCIA criminal history record check.

_____ CTF cannot employ you if the non-fingerprint based background check shows that you have been convicted of one or more of the offenses listed therein.

_____ Within 3 days of receipt of an adverse report, you may request a waiver and may challenge the report's completeness and accuracy by submitting, among other things, information necessary to initiate a fingerprint-based background check.

_____ If a waiver of the prohibition against employment is granted, CTF has the option, but not the obligation, to employ you.

_____ Employees who are charged with or convicted of criminal activity related to disqualifying crimes must contact their supervisor or Human Resources immediately upon notification of such charges and upon conviction.

ACKNOWLEDGEMENT: I hereby acknowledge, by my signature below, that I have read and understand this Notice to Applicant and the preceding listing of disqualifying offenses. I agree to cooperate with the UCIA criminal background check procedure and am aware that if the check results are adverse, CTF has the right not to employ me, even if a waiver is granted.

Applicant Signature

Date

FOR OFFICE USE ONLY

HEALTH CARE WORKERS REGISTRY

Date: _____ By: _____

Print report and attach to application.

No Record Found Registered (CNA) Registered (other) Disqualifying Convictions

DSP Certified Certification Date: _____ Agency: _____

JUDICI

Date: _____ By: _____

ILLINOIS SEX OFFENDERS REGISTRY

Date: _____ By: _____