



LIVE. WORK. ADVOCATE.

Please print clearly

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

## 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 from being considered for employment.

**CHARLESTON OFFICE**  
521 7<sup>th</sup> St.  
Charleston, IL 61920  
PHONE: (217) 348-8798  
FAX: (217) 348-8793

**HOMEWOOD OFFICE**  
17341 Palmer Blvd.  
Homewood, IL 60430  
PHONE: (708) 922-1532  
FAX: (708) 922-1526

**THE AUTISM PROGRAM**  
689 Castle Drive  
Charleston, IL 61920  
PHONE: (217) 348-3869  
FAX: (217) 348-3873

**CHAMPAIGN OFFICE**  
1902 Fox Drive, Ste. B  
Champaign, IL 61820  
PHONE: (217)352-1557  
FAX: (217) 352-7166

CTFILLINOIS.ORG Improving the lives of individuals with developmental disabilities throughout the state of Illinois

<b>FOR OFFICE USE ONLY</b>			
<p><b>Interview Scheduled:</b></p> <p>_____</p> <p>_____</p> <p><b>Contact Log:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Hire for</b> _____ (position title)</p> <p><b>Location:</b> _____</p> <p><b>Supervisor:</b> _____</p> <p><b>Shift, FT/PT, etc.:</b> _____</p> <p><b>Approvals Rec'd:</b> _____ (if necessary)</p> <p><b>Orientation:</b> _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Not Hire (Reason)</b></p> <p><input type="checkbox"/> Qualifications</p> <p><input type="checkbox"/> Other candidate hired</p> <p><input type="checkbox"/> Withdrew</p> <p><input type="checkbox"/> Unable to contact</p> <p><input type="checkbox"/> Other (specify) _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Letter Sent:</b></p> <p><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>_____ (date)</p> </td> </tr> </table>	<p><b>Not Hire (Reason)</b></p> <p><input type="checkbox"/> Qualifications</p> <p><input type="checkbox"/> Other candidate hired</p> <p><input type="checkbox"/> Withdrew</p> <p><input type="checkbox"/> Unable to contact</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p><b>Letter Sent:</b></p> <p><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>_____ (date)</p>
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# DRIVING REQUIREMENTS FOR EMPLOYMENT

Nearly all of CTF's positions require employees to drive either a company vehicle or their own personal 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:
  - ◆ DUI/DWI
  - ◆ Speeding over 80 mph
  - ◆ Reckless driving
  - ◆ Careless driving
  - ◆ Speed contests
  - ◆ Vehicular homicide
  - ◆ Criminal use of vehicle
  - ◆ 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 on company business (*initials*) 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 further (*initials*) agree, if hired, to report any of the above listed offenses, or any other condition that may affect my ability to drive on company business to my supervisor immediately.

\_\_\_\_\_ I release CTF, its employees, and those who supply driving record information to CTF from any liability or any (*initials*) 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

## **DECLINATION: Complete the section below ONLY if you DO NOT want to be considered for any 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 any positions which require an authorized driver**, and that this may limit my opportunities for employment with CTF.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CTF Application

Revised 03/04/2011

## PERSONAL INFORMATION

**Please print clearly and legibly**

TODAY'S DATE:

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

How did you learn about CTF?

- CTF Employee (name) \_\_\_\_\_
  Worked Here Before
  Internet Ad (specify) \_\_\_\_\_  
 Walk-in
  Newspaper 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 3<sup>rd</sup> 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:    \_\_\_ Champaign area    \_\_\_ Charleston area    \_\_\_ Olney area    \_\_\_ South Suburban area    \_\_\_ Other  
 Type of work:    \_\_\_ Residential    \_\_\_ Day Training    \_\_\_ 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    \_\_\_ Any  
 Availability:    \_\_\_ Weekends (Fri night - Sun night)    \_\_\_ Holidays (weekends/holidays required for residential assignments)

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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
--------------------------------	--

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

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Begin with your most recent or current employment, and continue with all past employment. Attach additional sheets if necessary. All information **MUST** be completed. **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.

### 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	Telephone	From:	To:	
City/State	Supervisor	Start Pay Rate:	End Pay Rate:	Reason Ended: <input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary Specify for either:
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	Telephone	From:	To:	
City/State	Supervisor	Start Pay Rate:	End Pay Rate:	Reason Ended: <input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary Specify for either:
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	Telephone	From:	To:	
City/State	Supervisor	Start Pay Rate:	End Pay Rate:	Reason Ended: <input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary Specify for either:
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

## EDUCATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

	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 is directly related to the 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 that 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 CTF 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 CTF, 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)***

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### SECTION 2: *(to previous employer)*

The applicant named above is being considered for employment with CTF. 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:

	<b><u>Central and/or Southern Illinois</u></b>		<b><u>South Suburban Area</u></b>
<b>via U.S. Mail to:</b>	CTF, Attn: HR Generalist 521 7 <sup>th</sup> St. Charleston, IL 61920	<b>via U.S. Mail to:</b>	CTF, Attn: HR Generalist 17341 Palmer Blvd. Homewood, IL 60430
<b>or via fax at:</b>	217-348-8823	<b>or via fax at:</b>	708-922-1526

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
<b>Commitment to Service</b>	Excellent	Good	Average	Below Avg.	Poor
<b>Initiative</b>	Excellent	Good	Average	Below Avg.	Poor
<b>Attendance</b>	Excellent	Good	Average	Below Avg.	Poor
<b>Adherence to Policy/Procedure</b>	Excellent	Good	Average	Below Avg.	Poor
<b>Performance of Job Duties</b>	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

## **IMPORTANT NOTICE TO APPLICANT ABOUT PRIOR CRIMINAL CONVICTIONS**

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 here.

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

**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

## **IMPORTANT NOTICE TO APPLICANT ABOUT PRIOR CRIMINAL CONVICTIONS (continued)**

Illinois Criminal Code (720 ILCS 5)

<b>Section/Title</b>	<b>Section/Title</b>
8-1.1 Solicitation of Murder	12-11 Home Invasion
8-1.2 Solicitation of Murder for Hire	12-13 Criminal Sexual Assault
9-1 First Degree Murder	12-14 Aggravated Criminal Sexual Assault
9-1.2 Intentional Homicide of an Unborn Child	12-14.1 Predatory Criminal Sexual Assault of a Child
9-2 Second Degree Murder	12-15 Criminal Sexual Abuse
9-2.1 Voluntary Manslaughter of an Unborn Child	12-16 Aggravated Criminal Sexual Abuse
9-3 Involuntary Manslaughter and Reckless Homicide	12-19 Abuse/Gross Neglect of a LTC Facility Resident
9-3.1 Concealment of Homicidal Death	12-21 Criminal Neglect of an Elderly/Disabled Person
9-3.2 Involuntary Manslaughter and Reckless Homicide of an Unborn Child	12-21.6 Endangering the Life or Health of a Child
9-3.3 Drug Induced Homicide	12-32 Ritual Mutilation
10-1 Kidnapping	12-33 Ritual Abuse of a Child
10-2 Aggravated Kidnapping	16-2 Theft of Lost or Mislaid Property
10-3 Unlawful Restraint	16-1.3 Financial Exploitation of an Elderly/Disabled Person
10-3.1 Aggravated Unlawful Restraint	16-A-3 Offense of Retail Theft
10-4 Forcible Detention	16G-15 Financial Identify Theft
10-5 Child Abduction	16G-20 Aggravated Financial Identify Theft
10-7 Aiding and Abetting Child Abduction	17-3 Forgery
11-6 Indecent Solicitation of a Child	18-1 Robbery
11-9.1 Sexual Exploitation of a Child	18-2 Armed Robbery
11-19.2 Exploitation of a Child	18-3 Vehicular Hijacking
11-20.1 Child Pornography	18-4 Aggravated Vehicular Hijacking
12-1 Assault	18-5 Aggravated Robbery
12-2 Aggravated Assault	19-1 Burglary
12-3 Battery	19-3 Residential Burglary
12-3.1 Battery of an Unborn Child	19-4 Criminal Trespass to Residence
12-3.2 Domestic Battery	20-1 Arson
12-3.3 Aggravated Domestic Battery	20-1.1 Aggravated Arson
12-4 Aggravated Battery	20-1.2 Residential Arson
12-4.1 Heinous Battery	24-1.1 Unlawful Use or Possession of Weapon by Felon
12-4.2 Aggravated Battery with a Firearm	24-1.2 Aggravated Discharge of a Firearm
12-4.2-5 Aggravated battery with a Machine Gun or Firearm with a Silencer	24-1.2-5 Aggravated Discharge of a Machine Gun or Firearm with a Silencer
12-4.3 Aggravated Battery of a Child	24-1.6 Aggravated Unlawful Use of a Weapon
12-4.4 Aggravated Battery of an Unborn Child	24-3.2 Unlawful Discharge of Armor Piercing Bullets
12-4.6 Aggravated Battery of a Senior Citizen	24-3.3 Unlawful Sale or Delivery of Firearms on the Premises of Any School
12-4.7 Drug Induced Infliction of Great Bodily Harm	25-1.5 Reckless Discharge of a Firearm
12.5 Tampering with Food, Drugs or Cosmetics	33A-2 Armed Violence

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### **Our Mission Statement**

CTF is an Illinois-based not-for-profit organization dedicated to empowering individuals with disabilities through services and programs that help them reach their potential in an environment that fosters respect, dignity, and success for each individual.



**Illinois Department of Public Health**  
 Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761 Phone: (217) 785-5133  
**Health Care Worker Background Check**  
 Disclosure and Authorization for Criminal History Records Check

I hereby authorize the Illinois Department of Public Health (IDPH), IDPH's designee that train or test health care workers, staffing agency, or the health care employer to request a criminal history records check and I further authorize the Illinois State Police (ISP) to release information relative to the existence or non existence of any criminal record which it might have concerning me to the requestor solely to determine my suitability for employment or continued employment. I further authorize any agency which maintains records relating to me to provide same on request to the ISP or IDPH. I certify that the ISP and any agency, including IDPH, their employees or officers who furnish this information shall be held harmless from any and all liability which may be incurred as a result of releasing such information. I further acknowledge that a health care employer shall not be liable for the failure to hire or to retain an applicant or employee who has been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25)

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment or, if discovered after employment begins, could result in discipline up to and including my termination of employment.

I understand that the information requested below regarding sex, race, height, eye color, and date of birth is for the sole purpose of identification and the gathering of the above-mentioned information about me accurately, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my social security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Other Names Used: \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

States Where You Have Lived? \_\_\_\_\_ Place of Birth (state or country if not US): \_\_\_\_\_ Hair Color \_\_\_\_\_ Weight \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Eye Color \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- Race    **A**    Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.  
           **B**    Black or African American (Not Hispanic or Latino)  
           **H**    Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)  
           **I**    American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.  
           **U**    Of undeterminable race. Of Untold mixture.  
           **W**    Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of Abuse, Neglect, or Theft?  Yes  No If "Yes", give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)?  Yes  No If "Yes", give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on IDPH's Health Care Worker Registry as a result of this criminal history records check

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

As the parent or guardian of the above named individual, who is under the age of seventeen, I give my consent for this named individual to have a criminal history records check.

\_\_\_\_\_  
(Signature of Parent or Guardian when applicable)

\_\_\_\_\_  
(Date)

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)

**For Programs NOT Licensed by DCFS**

**NOTE:** Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender (circle): 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.  
Dates  
(Street/Apt#/City/County/State/Zip Code) 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.

\_\_\_\_\_  
Signed Date

**Mail this request to:**  
Department of Children and Family Services  
406 E. Monroe – Station # 30  
Springfield, IL 62701

Please type, use bold letters or label:

**CTF**  
**Attn: Human Resources**  
**521 7<sup>th</sup> St.**  
**Charleston, IL 61920**

(Agency Name)  
(Contact Person)  
(Address)  
(City/State/Zip)



**FAX: 217-348-8823**

(Submitting Agency Fax Number)