CFS 717-E 02/01

Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECKS FOR DIRECT CHILD WELFARE SERVICES EMPLOYEE LICENSURE BOARD

PLEASE READ INSTRUCTIONS ON REVERSE SIDE PRINT ALL INFORMATION IN INK

PERSONAL INFORMATION

Name (Last, First, Middle)				Maiden and/or Any Names Formerly Used (Last, First, Middle) (If no other names, write "None"						
Home Telephone Nun										
Social Security Number										
Drivers License #			State							
Current Address: (Stre	eet/Apt.#/	City/County/State/Zip								
List all previous addre	r/County/State/Zip Code)					Dates (From/To)				
					1					
Date of Birth (Month/Date/Year)	Age	Place of Birth (County/State)	Citizenship (Country)	Sex M F	Height (Ft. In.)	Weight (Lbs.)	Hair (Color)	Eyes (Color)	Skin Tone	Race
Have you ever pled guilty to or been found guilty of any criminal offense or convicted of other than a minor traffic violation? Yes No If yes, explain below (use additional space on reverse if necessary).										
AUTHORIZATION / CERTIFICATION										
I AUTHORIZE the Illinois Department of Children and Family Services (DCFS) to conduct the following criminal and child abuse background checks:										d checks:
 The Child Abuse and Neglect Tracking System to determine whether I have been a perpetrator in an "indicated" incident of child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act. U.S. Justice Department and Illinois State Police records to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. Statewide Child Sex Offender Registry. 										
I understand that the of Membership appointment	child abus	se and neglect backg e Child Welfare Direc	round check and t Service Emplo	d the criminal eyee Licensure	history chec e Board.	k will be used	I for conside	ering my ca	indidacy fo	or Board
If I am appointed a member of the Child Welfare Direct Service Employee Licensure Board, I further authorize the Department to periodically conduct the above searches during the course of my tenure.										
I understand that information obtained as a result of my authorizing these background checks is confidential.										
I further certify that the information provided on this form is true and correct.										
I acknowledge that falsification of any information provided herein and/or the result of the background checks may be full and sufficient grounds to deny my Board Membership.										

Date_____

INSTRUCTIONS FOR COMPLETION

PRINT ALL INFORMATION	In ink.					
Name	All current and former names used by the individual must be included. If no other names, write "none."					
Social Security Number	THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETE SOCIAL SECURITY NUMBER.					
Address	List current and all addresses, including county and state, where the applicant has lived in the past five years					
Identifying Information	All identifying information must be accurate and complete.					
	on, "Have you ever pled guilty to or been found guilty of any criminal offense or convicted of other than a explanation must be provided, complete with date(s) of the incident(s).					
Applicant must sign and date the	authorization form.					
AUTHORIZATION / CERTIFICATION Additional space, if needed:						

Mail to: