CFS 717F 02/01

Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECKS FOR CHILD WELFARE EMPLOYEE LICENSURE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE PRINT ALL INFORMATION IN INK

PERSONAL INFORMATION

Last Name/First Name/Middle Initial				Social Security Number							
/											
Maiden and/or Any Names Formerly Used (Last/First/Middle Initial)				Home Telephone Number (Including Area Code)							
						-		-			
					revious add				Date	es	
				(Street/A	pt.#/City/Co	ounty/State/	Zip Code)		Fro	m/To	
Current Address: Street/Apt.#/City/County/State/Zip Code											
				-							
				-							
-											
					Drivers License #:					State:	
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Date of Birth	Age	Place of Birth	Citizenship	Sex	Height	Weight	Hair	Eyes	Skin	Race	
(Month/Date/Year)		(County/State)	(Country)		(Ft. In.)	(Lbs.)	(Color)	(Color)	Tone		
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minor traffic violation? Yes No If yes, explain: (additional space provided on back)											
				NI / CEDEN	TICATION.						
		A	AUTHORIZATIO	N/CERIII	ICATION						
I AUTHORIZE the Illinois Department of Children and Family Services (DCFS) to conduct the following criminal and child abuse background 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 child abuse and neglect background check and the criminal history check will be used for considering an application for Child Welfare Employee Licensure.											
If I am issued a Child Welfare Employee License, I further authorize the Department to periodically conduct the above searches during the course of time in which I remain licensed.											
I understand that information obtained as a result of my authorizing these background checks is confidential, but I authorize this information to be shared with my employer pursuant to 89 Illinois Adm. Code 412, as authorized by 20 ILCS 505/5c.											
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 application for licensure.											
Signature							Date	e			

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:							