

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) - -						
Current Address: Street/Apt.#/City/County/State/Zip Code _____ _____ _____ _____ _____				List all previous addresses for the past five (5) years. (Street/Apt.#/City/County/State/Zip Code) Dates From/To _____ _____ _____ _____						
				Drivers License #:			State:			
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

AUTHORIZATION / CERTIFICATION

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: (additional space provided on back)

AUTHORIZATION / CERTIFICATION

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 _____

