

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<br><br>/ /  |     |                                  |                          | Social Security Number<br><br>- -  |                     |                  |                 |                 |              |      |
| Maiden and/or Any Names Formerly Used (Last/First/Middle Initial)<br><br>_____<br>_____                   |     |                                  |                          | Home Telephone Number (Including Area Code)<br><br>- -   |                     |                  |                 |                 |              |      |
| Current Address: Street/Apt.#/City/County/State/Zip Code<br><br>_____<br>_____<br>_____<br>_____<br>_____ |     |                                  |                          | List all previous addresses for the past five (5) years.<br>(Street/Apt.#/City/County/State/Zip Code) <span style="float:right">Dates<br/>From/To</span><br><br>_____<br>_____<br>_____<br>_____ |                     |                  |                 |                 |              |      |
|   |     |                                  |                          | Drivers License #:   |                     |                  | State:          |                 |              |      |
| Date of Birth<br>(Month/Date/Year)  | Age | Place of Birth<br>(County/State) | Citizenship<br>(Country) | Sex<br><br>M<br>F  | Height<br>(Ft. In.) | Weight<br>(Lbs.) | Hair<br>(Color) | Eyes<br>(Color) | Skin<br>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.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

