

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 Number (Including Area Code)																																	
Social Security Number																																	
Drivers License #	State																																
Current Address: (Street/Apt.#/City/County/State/Zip Code)																																	
List all previous addresses for the past five years (Street/Apt. #/City/County/State/Zip Code)										Dates (From/To)																							
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 10%;">Date of Birth (Month/Date/Year)</th> <th style="width: 5%;">Age</th> <th style="width: 15%;">Place of Birth (County/State)</th> <th style="width: 10%;">Citizenship (Country)</th> <th style="width: 5%;">Sex</th> <th style="width: 5%;">Height (Ft. In.)</th> <th style="width: 5%;">Weight (Lbs.)</th> <th style="width: 5%;">Hair (Color)</th> <th style="width: 5%;">Eyes (Color)</th> <th style="width: 5%;">Skin Tone</th> <th style="width: 5%;">Race</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td>M    F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												Date of Birth (Month/Date/Year)	Age	Place of Birth (County/State)	Citizenship (Country)	Sex	Height (Ft. In.)	Weight (Lbs.)	Hair (Color)	Eyes (Color)	Skin Tone	Race					M    F						
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				M    F																													

Have you ever pled guilty to or been found guilty of any criminal offense or convicted of other than a minor traffic violation?  
If yes, explain below (use additional space on reverse if necessary).  Yes     No

**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 my candidacy for Board Membership appointment to the Child Welfare Direct Service Employee Licensure 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.

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

