



FINGERPRINT-BASED BACKGROUND CHECK FOR SUBSTITUTE TEACHERS/EMPLOYEES

FINGERPRINTING IS BY APPOINTMENT ONLY. Schedule your appointment by calling 630-407-5800

Fee: \$50.00

Accepted methods of payment: VISA / MASTERCARD / CASH / PERSONAL CHECK

<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>		<i>Former Name/Alias</i>	
<i>Address</i>		<i>City</i>		<i>State</i>		<i>Zip Code</i>	
<i>Date of Birth</i> Month Day Year		<i>Place of Birth</i> State if in US OR Country		<i>ID Type</i> ID / DL / Passport		<i>ID Number</i>	
<i>Social Security Number</i>							
<i>Email Address</i>				<i>Contact Phone Number</i>			

PLEASE FILL OUT BELOW

Gender (check one)	Race (check one)	Eye Color (check one)	Hair Color (check one)
<input type="checkbox"/> Male	<input type="checkbox"/> White OR Latino	<input type="checkbox"/> Black	<input type="checkbox"/> Bald
<input type="checkbox"/> Female	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Black
<input type="checkbox"/> Unknown Gender	<input type="checkbox"/> Asian OR Pacific Islander	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown
	<input type="checkbox"/> Native American OR Alaskan Native	<input type="checkbox"/> Green	<input type="checkbox"/> Blonde OR Strawberry
	<input type="checkbox"/> Unknown OR Indeterminable	<input type="checkbox"/> Hazel	<input type="checkbox"/> Sandy
		<input type="checkbox"/> Maroon	<input type="checkbox"/> Gray OR Part Gray
		<input type="checkbox"/> Pink	<input type="checkbox"/> Blue
		<input type="checkbox"/> Unknown OR Indeterminable	<input type="checkbox"/> Green
			<input type="checkbox"/> Purple
			<input type="checkbox"/> Orange
			<input type="checkbox"/> Red OR Auburn
			<input type="checkbox"/> White
			<input type="checkbox"/> Unknown OR Indeterminable

Weight (fill in)

Height (fill in)

_____ lbs

_____ ft _____ in

APPLICANT SIGNATURE: _____

Date: _____

DO NOT WRITE BELOW THIS LINE - FOR ROE USE ONLY

Fingerprint Technician:		Date of Fingerprinting:		Photo ID Checked:	
Charge: \$50		Amount Paid:		Payment Type:	
PURPOSE CODE: CSE NSE		TCN: LS10370L849		TCN 2: LS10370L849	
IEIN:		Hold for License:		CBI COVER: SUB/PARA w/BACH STS(Short Term Sub) Other w/IEIN Other w/o IEIN CTR Results	
License: Ex:		Registered in 19:			
SO: <input type="checkbox"/>	File Maker: <input type="checkbox"/>	Mail or Pickup		Lead List:	
VC: <input type="checkbox"/>	Scanned: <input type="checkbox"/>			APPLICANT VERIFIED (initials)	



Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information are generally authorized under 28 U.S.C. 53 Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect the completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; ~~but~~ state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

AUTHORIZATION/RELEASE STATEMENT

Section 10-21.9 of the Illinois School Code requires all applicants for employment with a school district, who have direct daily contact with the pupils of any district school, to authorize fingerprint-based criminal history records to check to determine if the applicant has been convicted of certain enumerated offenses, or within the last 7 years, of any other felony, and a check of criminal databases. A school board shall not knowingly employ a person for whom a criminal background investigation has not yet been initiated.

I authorize the DuPage County Regional Office of Education to submit fingerprints and other necessary information electronically to the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI) to conduct a criminal background check. I further authorize the DuPage Regional Office of Education to check for my name on the Statewide Illinois Sex Offender Database and the Illinois Statewide Child Murderer and Violent Offenders Against Youth Database.

I understand that if I have been arrested at any time the criminal history report will have to go through a review process, which will extend the time necessary to release the criminal background check. I can expedite this review process by providing all court records regarding the disposition of any charges.

I understand that I am responsible for the payment of the cost of the fingerprint-based criminal history check and Regional Office reviews of the Statewide Sex Offender Database and Statewide Child Murderer and Violent Offender Against Youth Database.

I understand that submitting a fingerprint-based criminal history check report is necessary to work in DuPage County Public Schools, AND I understand that obtaining such a report does not guarantee that I will be hired in a DuPage County school. I understand that negative results on any of these reports could exclude me from working in DuPage schools and could result in the suspension, revocation, or surrender of my education license(s).

I authorize the Regional Superintendent to share criminal history reports with the Superintendents of School Districts, other Regional Superintendents, the State Superintendent of Schools, and the State Teacher Licensure Board. I further understand that a copy of the criminal history check shall be provided to me.

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, including but not limited to civil, criminal, and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 263017 of the Criminal Identification Act.

Name (Please Print)

Date

Signature

IEIN or Last 4 of SSN