



### **Authorization and Consent to Investigation of Child Abuse Involvement and/or Convictions**

I understand that in connection with the application process, Fourth Presbyterian Church may request information from my past employers, educational institutions, personal references, and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of my credit history and any criminal records. I have provided complete and truthful information to Fourth Presbyterian Church regarding all sources of information about my past employment, education, licensure, certification, criminal conviction record, as well as any other information requested in the employment application. I have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment, or discharge. In order to assist in obtaining documents and information to confirm my background, I hereby consent to the release of information.

I authorize and consent to Fourth Presbyterian Church's thorough investigation of whether I have been indicated of being involved in any aspect of child abuse if so, the nature of the circumstances available through lawful means. A background check will focus on convictions or any involvement in child abuse. A criminal record will not necessarily disqualify me from employment.

***Please complete the following form and return it to Human Resources. All information on this form is required.***

---

Printed Name (First, Middle initial, Last)

---

Signature

---

Date

---

Street Address

---

City

---

State and Zip

---

Primary Phone Number

---

Social Security Number

---

Date of Birth

---

Email Address

State of Illinois  
Department of Children and Family Services

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)  
**For Programs NOT Licensed by DCFS**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: [ ] -- [ ] -- [ ] Gender:  Male  Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #

\_\_\_\_\_  
City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

**OR**

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

| (Street/Apt#/City/County/State/Zip Code) | Dates From/To |
|--|---------------|
| _____                                    | _____         |
| _____                                    | _____         |
| _____                                    | _____         |
| _____                                    | _____         |
| _____                                    | _____         |

List maiden name and/or all other names by which you have been known: (last, first, middle)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

\_\_\_\_\_  
Signed Date

|  |
|--|
| <b>Submit by mail OR fax OR email.</b>   |
| Mail to: Department of Children and Family Services<br>406 E. Monroe – Station # 30<br>Springfield, IL 62701 |
| FAX to: 217-782-3991   |
| Scan/Email to: CFS689Background@illinois.gov   |

**Please type, use bold letters or label:**

|                                   |                                |
|-----------------------------------|--------------------------------|
| _____                             | (Submitting Agency Fax Number) |
| <u>dcox@fourthchurch.org</u>      | (Submitting Email Address)     |
| <u>Fourth Presbyterian Church</u> | (Agency Name)                  |
| <u>Deidra Cox</u>                 | (Contact Person)               |
| <u>126 E. Chestnut St.</u>        | (Address)                      |
| <u>Chicago, IL 60611</u>          | (City/State/Zip)               |

Print Form