



Dear Prospective CPS Student Teaching Program Participant:

Effective April 20, 2010, the Chicago Public Schools requires all student teaching program participants to undergo a fingerprint national background check using the following **Fingerprinting Background Authorization & Release Form**.

Fingerprints are taken Monday through Friday at any Accurate Biometrics location. For a list of locations, please visit www.accuratebiometrics.com or call 866-361-9944. You will need to present the **Fingerprinting Background Authorization & Release Form** with a current state photo identification card. There will be a \$58.00 charge which is payable by company check, money order, cashier's check, or any major credit card. CASH AND PERSONAL CHECKS ARE NOT ACCEPTED.

WHAT ABOUT MY RESULTS?

Accurate Biometrics sends fingerprint results directly to CPS. Please include a copy of your Accurate Biometrics receipt with your registration packet.

WHAT IF I HAVE ALREADY BEEN FINGERPRINTED?

CPS does not accept third party prints. You must be fingerprinted at Accurate Biometrics, so that we receive these results directly. PLEASE NOTE: If you are aware of any arrests/charges on your background report, please be prepared to provide Certified Dispositions to CPS when requested. Any background check that produces a "HIT" result, will be required to go before the CPS Criminal Background Review Committee along with certified dispositions submitted from the candidate.

SPECIAL INSTRUCTIONS FOR OUT-OF-STATE PARTICIPANTS: All out-of-state alternative certification program participants (**"physically out-of-state"**) are advised to take the following steps to ensure that their fingerprints are submitted properly:

- ✓ Go to your local Police Station in your hometown and request a **FBI Fingerprint Card-Form 258**. The Police Station will take your fingerprints and affix them to the card.
- ✓ Take the Fingerprint Card (Form 258), a money order in the amount of \$50 (please make the money order out to "Accurate Biometrics") along with the **Fingerprinting Background Authorization & Release Form** in this packet and mail these 3 items to the following address:

**Accurate Biometrics
4849 N. Milwaukee, Suite 101
Chicago, IL 60630
ATTN: CPS Student Teaching Program**

Sincerely,

CPS Talent Office



Fingerprinting Background Investigation Authorization & Release Form

This form gives the Chicago Public Schools (CPS) authorization to conduct an ISP, FBI, and Local criminal background investigation. All candidates must have a valid, unexpired government issued or school issued photo ID at the time of fingerprinting.

Select one (1) of the following options. Provide names or positions if option with an asterisk (*) is selected.

ILL13690S	<input type="checkbox"/> Teacher	<input type="checkbox"/> Principal	<input type="checkbox"/> Substitute Teacher	<input type="checkbox"/> Misc. Employee*	<input type="checkbox"/> Educational Support Personnel*
IL016299S	<input type="checkbox"/> Local School Council	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Charter School	<input type="checkbox"/> Special Programs*	
ILL14490S	<input type="checkbox"/> Field Experience	<input type="checkbox"/> Student Teaching	<input type="checkbox"/> Clinical or Counseling Intern	<input type="checkbox"/> Alternative Certification	
ILL13998S	<input type="checkbox"/> Vendor*	*Position, Program and Company name: _____			

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Day Phone: (____) _____
Number Street City State Zip

Email: _____ School/Department: _____

Date of Birth: _____ Sex: Male Female Race: _____
MM/DD/YY

Race Key: C = Caucasian H= Hispanic B = Black/
 African American A= Asian/Pacific Islander
 I = Native American/Alaskan U = Unknown

Height: _____ Weight: _____ lbs. Eye Color: _____ Hair Color: _____
Ft. In.

Social Security Number: _____ - _____ - _____ Birth Place: _____
City State

REQUIRED CRIMINAL RECORDS DISCLOSURE: The existence of a criminal record does not automatically disqualify you for employment consideration, unless it is a conviction for an enumerated crime. (Please see the back of this form for a listing of enumerated crimes.) However, it is important that the Board know your complete criminal history to properly evaluate your application. You must disclose it in full. Failure to disclose each conviction may result in disqualification of your application or termination of employment.

Convictions include *all* felony or misdemeanor convictions, whether by pleas of guilty, *nolo contendere* or no contest or after bench or jury trial. Convictions that result in sentences of probation, conditional discharge or imprisonment must be reported. Convictions of driving while intoxicated or under the influence (DUI), and driving on a revoked or suspended license must be reported. But, convictions that resulted in sentences of supervision in Illinois or traffic offences other than DUI or driving on a revoked or suspended license should not be reported (i.e. speeding tickets, running a red light or stop sign, driving without insurance, etc.). Finally, you are not obligated to disclose sealed or expunged records of conviction or arrest.

Have you ever been convicted of any type of crime? Yes No

If yes, describe each conviction below (attach separate sheets if necessary):

Date	State	Conviction

I, the undersigned,

1. Acknowledge and verify that all information provided above is true and accurate and that I am the person named above.
2. Supply this information to authorize and enable the CPS to perform a background investigation, which may include, but not limited to, a Criminal Conviction Information check and fingerprinting.
3. Understand and agree that the information obtained through the background investigation will be used to determine whether employment by the CPS will be offered or continued or whether volunteer or compensated service will be approved.

Signature: _____ Date: _____

Fingerprinting Provider Use Only	Internal CPS Use Only
Date Printed: _____	Dates: Printed _____ Results Returned _____
Verified By: _____	Fingerprints Clear: <input type="checkbox"/> Yes <input type="checkbox"/> No
TCN # _____	Verified By: _____



Enumerated Offenses in Illinois School Code, 105 ILCS 5/34-18.5 referencing 105 ILCS 5/21-23a

- (1) **Any offense defined in Sections 11-6 inclusive** (720 ILCS 5/11-6 = indecent solicitation of a child);
- (2) **Any offense defined in Section 11-9 through 11-9.5, inclusive** (720 ILCS 5/11-9 = public indecency, sexual misconduct, etc.);
- (3) **Any offense defined in Sections 11-14 through 11-21, inclusive** (720 ILCS 5/11-14 = prostitution; 11-15 = solicitation for a prostitute; 11-16 = pander (prostitution); 11-17 = keeping a place of prostitution; 11-18 = patronizing a prostitute; 11- 19 = pimping; 11-20 = obscenity; 11-20.1 = child pornography; 11-21 = harmful material (prurient interests);
- (4) **Any offense defined in Sections 11-23 (if punished as a Class 3 felony)** (720 ILCS 5/11-23 =Posting of identifying or graphic information on a pornographic Internet site or possessing graphic information with pornographic material);
- (5) **Any offense defined in Section 11-24** (720 ILCS 5/11-24 = child photography by a sex offender);
- (6) **Any offense defined in Section 11-25** (720 ILCS 5/11-25 = grooming);
- (7) **Any offense defined in Section 11-26** (720 ILCS 5/11-26 = traveling to meet a minor);
- (8) **Any offense defined in Section 12-4.9** (720 ILCS 5/12-4.9 = Drug induced infliction of aggravated battery to a child athlete);
- (9) **Any offense defined in Section 12-13** (720 ILCS 5/12-13 = criminal sexual assault);
- (10) **Any offense defined in Section 12-14** (720 ILCS 5/12-14 = aggravated criminal sexual assault);
- (11) **Any offense defined in 12-14.1** (720 ILCS 5/12-14.1 = predatory criminal sexual assault of a child);
- (12) **Any offense defined in 12-15** (720 ILCS 5/12-15 = criminal sexual abuse);
- (13) **Any offense defined in 12-16** (720 ILCS 5/12-16 = aggravated criminal sexual abuse);
- (14) **Any offense defined in 12-32** (720 ILCS 5/12-32 = ritual mutilation);
- (15) **Any offense defined in 12-33** (720 ILCS 5/12-33 = ritualized abuse of a child);
- (16) **Any offense defined in the Cannabis Control Act, except those defined in Sections 4(a), 4(b) and 5(a) of that Act** (720 ILCS 550/1 *et seq.*, except those defined in 720 ILCS 550/4(a) and (b), and 720 ILCS 550/5(a) (see attached)). Individuals placed on 1410 probation pursuant to this Act that do **not** successfully complete probation are **not** eligible for this exception;
- (17) **Any offense defined in the Illinois Controlled Substances Act** (720 ILCS 570/100 *et seq.*). Individuals placed on 1410 probation pursuant to this Act that do **not** successfully complete probation are **not** eligible for this exception;
- (18) **Any offense defined in the Methamphetamine Control and Community Protection Act** (720 ILCS 646/1 *et seq.*). Individuals placed on probation under the provision of Section 70 of that Act, provided that if the terms and conditions of probation required by the court are not fulfilled, the offense is **not** eligible for this exception;
- (19) **Perpetrator of sexual or physical abuse of any minor under 18 years of age pursuant to proceedings under Article II of the Juvenile Court Act of 1987** (705 ILCS 405/2-1, *et seq.*);
- (20) **First degree murder;**
- (21) **Attempted first degree murder;**
- (22) **Conspiracy to commit first degree murder;**
- (23) **Attempted conspiracy to commit first degree murder;**
- (24) **Class X felony;**
- (25) Any **attempt to commit** any of the foregoing offenses; and

Any offense committed or attempted in **any other state** or against the laws of the United States which, if committed or attempted in this State, would have been punishable as one or more of the foregoing offenses.



Certification of Freedom from Tuberculosis

This is to certify that _____ of
(Full Name)

_____ is free of
(Address)

tuberculosis based on the following:

1. TUBERCULIN TEST given on _____ at _____
(Date) (Name of Facility)

_____ (Address of Facility) **RESULTS OF TEST:**
Negative: _____ mm.
Positive: _____ mm.

2. CHEST X-RAY taken on _____ at _____
(Date) (Name of Facility)

_____ (Address of Facility) **FILM NUMBER:**
Negative: _____
Positive: _____

(Signature of Radiologist)

PLEASE PRINT: _____

Physician's Name: _____

Physician's Address: _____

Physician's Signature: _____

Date: _____