

PRE-EMPLOYMENT DRUG TRAINING REGISTRATION FORM

Complete this form & submit by fax to the DCFS Registration Unit at 217/557-4349

Or Call the DCFS Registration Unit at 1-877-800-3393

EMPLOYEE INFORMATION:

*Employee Type: (check one)

POS Staff OTHER

Region/Site/Field (6 digits)

*Social Security No. (last 4 digits)

*Last Name

*First Name, Middle Initial

*E-mail address

*Work Title

*Agency

*Agency Address

*City

*State, Zip

*Telephone

*Fax

*Region:

Central Southern Northern

Central Office Cook Cook Central

Cook South Cook North

(Supervisor Information Required**)**

*Supervisor Name:

*Supervisor E-mail

*Supervisor Address

*City

*State, Zip

*Supervisor Telephone

Pre Employment Drug Training

Please indicate the training date & location you are requesting. You will receive a confirmation letter via e-mail when your registration is confirmed.

Training dates

- July 30: 9:00 a.m.-12:00 p.m. -DCFS
6201 S. Emerald, Chicago
- July 30: 1:00 p.m.-4:00 p.m. -DCFS
6201 S. Emerald, Chicago
- August 4: 9:00 a.m.-12:00 p.m. -IDOT
2300 S. Dirksen Pkwy, Springfield
- August 4: 1:00 p.m.-4:00 p.m. -IDOT
2300 S. Dirksen Pkwy, Springfield

**Fax to: DCFS Registration Unit:
(217) 557- 4349**

Or

**Call : DCFS Registration Unit:
1-877-800-3393**

Please note: You are NOT registered for the training unless you receive a confirmation letter!