CMS ILLINOIS
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

REQUEST FOR RELEASE OF INFORMATION FOR VENDOR/CONTRACTOR EMPLOYEES

It is the responsibility of the Vendor to ensure all information provided is legible. Clearances will not be processed otherwise.

Print name of employee in the first blank. Vendor is to ensure this is legible.

Vendor Name: Please identify name of Vendor.

Supervisor Name: Please identify vendor Point of Contact in case additional information is required or clearance issues arise.

Work Location: Identify primary work location with street and city. If there are multiple locations, please identify each one. Include name of agency(s) being serviced at each location.

Employee Name: _____

Sex: Male _____ Female _____

Vendor Name: _____

Supervisor Name and Phone #: _____

_____

Work Location Address: _____

_____

Agency at Location: _____

604 Stratton Office Building, 401 South Spring Street, Springfield, IL 62706
Printed on Recycled Paper

Illinois Department of Central Management Services
Authorization for Release of Criminal History Information

TO: Director, Illinois State Police

I, _____, do hereby authorize the Illinois State Police to release information relative to the existence or nonexistence of any conviction which it might have concerning me to any agency, board or commission of the State of Illinois solely to determine my suitability for employment or continued employment with the State of Illinois or service to the State of Illinois on behalf of a vendor to the State of Illinois. I further authorize any agency, board or commission which maintains records relating to me to provide same on request to the Illinois State Police for the purpose of this investigation.

I certify that the Illinois State Police, and its officers or employees/contractors/agents who furnish this information concerning me, and any agency, board or commission and its officers and employees which provide these records to the Illinois State Police, shall not be held accountable for giving this information. I do hereby release and save harmless the Illinois State Police, its officers and employees/contractors/agents, and any other agency, board or commission and its officers and employees which provide records concerning me for the purpose of this investigation, from any and all liability which may be incurred as a result of releasing such information.

If criminal history background checks are conducted, unless otherwise specified under statute or administrative rule, the Illinois State Police statutory and administrative procedures for conducting Uniform Conviction Information Act (UCIA), [20 ILCS 2635/1, et seq.] checks shall be followed. The criminal history transcripts can be included as part of a nexus review. The applicant shall be provided a copy of his/her criminal background check. The applicant has the obligation and responsibility to notify the hiring agency and the Illinois State Police Bureau of Identification within seven (7) business days if the information is inaccurate or incomplete. The hiring agency shall notify the applicant should he/she be disqualified for a specific position applied for due to his/her past criminal convictions.

It is incumbent upon the applicant to ensure his/her criminal history information is accurate and up-to-date at all times. Errors in criminal history transcripts and/or delays in challenging or correcting record information shall not be construed as sufficient justification to delay the hiring process. A candidate who has provided notice that his criminal history information is incorrect may be by-passed by the hiring agency in favor of another candidate.

An agency, board or commission shall refuse to consider further any candidate who refuses to complete and sign the Authorization for Release of Criminal History Information form.

An electronic transmittal or photocopy of this release form will be valid as an original thereof, even though said document does not contain an original writing of my signature.

Applicant Certification:

I have read and understand the contents of and conditions of use for information provided on this Authorization for Release of Criminal History information form. I also understand that completion of this background check does not preclude the hiring agency from performing other background checks (such as drug-testing, prior employment, reference checks, etc.) in accordance with agency policy and/or as required for a particular position.

_____ _____

Witness Applicant Signature and Date

Illinois Department of Central Management Services
Authorization for Release of Criminal History Information
(continued)

Pursuant to Administrative Order #1 (2013), it is the policy of the State of Illinois not to base employment decisions on the criminal history of an applicant for state employment unless: (1) federal or state law prohibits hiring an individual with certain criminal convictions for the position that an applicant is seeking; or (2) the applicant has been convicted of an infraction that is reasonably related to the position sought, and denial of employment based on that criminal history is consistent with business necessity and the State's duty to serve and protect its citizens.

Printed Name (include full name, maiden name, and include any other names by which you have been known)

Signature

Date of Birth

Address

Driver's License Number/State Issued

City, State Zip Code

INTERNAL INSTRUCTIONS FOR HIRING AGENCY

This form must be accompanied by either the UCIA Name Inquiry form (Form ISP 6-405B) or the UCIA Fingerprint Inquiry form (Form ISP 6-404B) and is to be completed by the hiring agency. These ISP forms provide Principal Requester Contact Information and Category of Inquiries Information. These forms may only be ordered from the ISP home page (http://www.isp.state.il.us/) and selecting the Criminal History link on the left side under Agency Links or by calling ISP Bureau of Identification at 815/740-5160 between 8:00 a.m. & 4:00 p.m. Monday through Friday. The name check process can be performed electronically and details are provided at: http://www.isp.state.il.us/crimhistory/convictioninquiries.cfm. The UCIA fingerprint form can be ordered and then taken to a local law enforcement agency for fingerprinting or the individual applicant may contact one of ISP's licensed live scan fingerprint vendors listed at: https://www.idfpr.com/LicenseLookUp/fingerprintlist.asp. Each form may only be used once and cannot be copied or duplicated as each form contains a unique Transaction Control Number used for internal ISP tracking purposes.

The Illinois Uniform Conviction Information Act, 20 ILCS 2635/13, provides that results pursuant to this criminal background check should only be relied upon for 30 days. As such, this background check is not limited to a specific position and may be secondarily disseminated for a period of 30 days and is not limited to a single reason for inquiry. Each executed Authorization for Release of Criminal History Information must be maintained on file for at least 2 years pursuant to 20 ILCS 2635/7.
Upon receipt of the criminal history record information, the hiring agency, board or commission shall provide a copy to the candidate and notify him/her that he/she has the obligation and responsibility to notify the hiring agency within seven (7) days if the information is inaccurate or incomplete.

Any questions related to the UCIA program may be directed to the ISP Bureau of Identification at 815/740-5160.

Illinois Department of Central Management Services
Self-Disclosure of Criminal History

Use of this form is only permitted once an applicant has been deemed eligible and is being considered for a specific position.

Per Administrative Order #1, 2013, it is the policy of the State of Illinois to not base employment decisions on the criminal history of an applicant for state employment unless:

> Federal or state law prohibits hiring an individual with certain criminal convictions for the position that applicant is seeking; OR
>
> The applicant has been convicted of an infraction that is reasonably related to the position sought, and denial of employment based on that criminal history is consistent with business necessity and the State's duty to serve and protect its citizens.

An agency, board or commission may only consider current convictions and may not consider arrests. However, an agency, board or commission may consider information which indicates that the candidate actually engaged in the conduct for which he/she was arrested. Nevertheless, convictions which have been subsequently pardoned, expunged, or sealed, unless otherwise permitted by law, may not be considered.

Any voluntarily disclosed prior criminal history shall not be considered during the interview process and is only subject to consideration at a separate point in the hiring process. The review process shall only exclude a candidate relative to his/her criminal history where it is determined that exclusion is job-related and consistent with business necessity, including consideration of at least the following factors:

1. The nature and gravity of the offense;
2. The time that has elapsed since the conviction and/or completion of sentence; and
3. The nature of the job being sought.

Providing this Self-Disclosure of Criminal History information may be required in accordance with the hiring agency, board or commission's policies and procedures regarding employment within that agency, board or commission. In these instances, failure to complete the self-disclosure or adequately disclose criminal history as described above on the Self-Disclosure of Criminal History information form may disqualify an applicant from further employment consideration.

Applicant Certification:

I have read and understand the contents of and conditions of use for information provided on this Self-Disclosure of Criminal History form. I certify that the information provided by me on this release is true and accurate to the best of my knowledge and understand that misrepresentation of this material may be grounds for ineligibility for or termination of employment.

Witness

Signature and Date

Illinois Department of Central Management Services
Self-Disclosure of Criminal History
(continued)

Printed Name (include full name, maiden name, and include any other names by which you have been known)

Signature

Date of Birth

Address

City, State Zip Code

Driver's License Number/State Issued

Have you ever been convicted of a criminal offense other than a minor traffic violation?

☐ Yes ☐ No

If your answer to the foregoing question is "yes," please provide a detailed statement for each said occurrence (use additional paper as necessary):

Completion of a separate Authorization for Release of Criminal History information form may be required for the purpose of conducting a background check through the Illinois State Police in accordance with the Uniform Conviction Information Act.

Where the hiring agency elects to require completion of the Self-Disclosure of Criminal History form, an agency, board or commission shall refuse to consider further any candidate who refuses to complete and sign the form.

To be completed by hiring agency:

Position Title

Position Number

Date of Interview

Agency Representative Signature