

SCHEDULE L/PROFESSIONAL STAFF

Facility Name: _____

Name: _____ Sex: _____

Social Security No.*: _____

Position: _____ Driver's License No.: _____

Date of Birth: _____ Place of Birth: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____

Professional License(s) or Certification(s)

List Type and Number of Each:

Type	Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been convicted of a felony or had any subsequent incarceration within the past two years preceding employment at this facility?

Yes No

If yes, a request for exception to hire, prior to employment, must be submitted to the Department.

If providing DUI Evaluation or Risk Education services, have you had a suspension or revocation of driving privileges for an alcohol or drug related offense in the two year period prior to date of employment?

Yes No

As applicable, has a background check been conducted in the Child Abuse and Neglect Tracking System (CANTS) for any staff who will be providing services as specified in 2060.313(d)?

Yes No

Signature

Date

**An individual's social security number is solicited for the purpose of verifying his or her identity and related personal information required under these regulations. The disclosure of an individual's social security number is voluntary and its solicitation by the department is authorized by Illinois Revised Statutes, 20 ILCS 301.*