



THORNTON TOWNSHIP HIGH SCHOOLS DISTRICT 205

465 East 170th Street, South Holland, Illinois 60473

Tel: (708) 225-4000 Fax: (708) 225-4137

Internet: <http://www.district205.net>

- Administrator Teacher Substitute Paraprofessional
 Administrative Assistant Coach/Activity FYI Sodexo
 Student Worker Other _____

CRIMINAL BACKGROUND CHECK AUTHORIZATION & RELEASE

Section 10-21.9 of the Illinois School Code requires all applicants for employment with a school district, including persons or firms holding contracts with the district, who have direct daily contact with the pupils of any district school, to authorize a fingerprint-based criminal background check to determine if the applicant has been convicted of certain enumerated offenses. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated. By completing and signing this form I authorize Thornton Township High School District 205 to submit fingerprints and other necessary information electronically to the Illinois State Police and FBI.

TO BE COMPLETED BY THE APPLICANT – PLEASE BRING A PHOTO ID

Last Name		First Name	Middle Name
Date of Birth		Gender	Race
Height	Weight	Hair Color	Eye Color
Place of Birth (State)		Social Security Number	

Phone Number: _____

I authorize Thornton Township High Schools District 205 to submit the above information, that I acknowledge being true and accurate, to the best of my knowledge, to the Illinois State Police (ISP). The ISP shall conduct a fingerprint-based criminal history records check and shall furnish to the president of the school board of the receiving school district the applicant's records of convictions, until expunged. The president of the school board shall keep a conviction record confidential and share it only with the Superintendent, Human Resources Director, Business Manager, Principals, or any other person necessary to the hiring decision.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Fingerprint Technician	Date of Fingerprint

TCN#: LS10663L

Submitting Agency ORI: _____