



United Cerebral Palsy Land of Lincoln
 Employment Application
 An Equal Opportunity Employer

Today's Date: _____

Name: _____ Social Security Number: _____

Home Phone: _____ Work Phone: _____

Current Address: _____
 Street

Prior Address: _____
 City State Zip

Street

City State Zip

Drivers License #: _____ State Issued: _____

Position applying for: _____ Have you filled out application before? _____

Have you ever worked for UCP? _____ If yes, give dates: From _____ to _____

Availability: (Please check all that apply): Full Time Part Time
 Days Evenings Nights Weekends

On what date would you be available to start? _____

➤ (UCPLL will conduct a criminal background check in accordance with the Illinois Health Care Worker Background Check Act. Convictions for offenses listed on the attached form may disqualify an applicant from employment.)

Have you ever been convicted of any of the listed offenses? _____

If yes, please explain: _____

Education: Please circle highest grade completed. 9 10 11 12 13 14 15 16+

Name	City/State	Graduate?	Degree?
High School			
College			
Other			

How did you find out about us? (Circle one)

Job Service Newspaper Friend Relative UCP Employee Other _____

Please list UCP employee, who referred you: _____

Do you have any relatives employed by this company? _____

Please comment on how your education and/or prior experience qualifies you for the type of employment you are seeking.

Previous Employers:

Most Recent Employer (Circle one) Yes No Are you currently working for this employer?
Yes No If yes, may we contact? _____

Phone: ()

Company Name City State
From Date Employed To Job Title Supervisor Name
Duties
Salary Per (Hour, Week, Month) Reasons for leaving

Second Most Recent Employer

Phone: ()

Company Name City State
From Date Employed To Job Title Supervisor Name
Duties
Salary Per (Hour, Week, Month) Reasons for leaving

Third Most Recent Employer

Phone: ()

Company Name City State
From Date Employed To Job Title Supervisor Name
Duties
Salary Per (Hour, Week, Month) Reasons for leaving

➤ Have you ever been terminated or received discipline from any of your previous employers?
If yes, please explain: _____

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision, including a criminal background investigation.

This application for employment shall be considered active for A PERIOD OF TIME NOT TO EXCEED 45 DAYS. Any persons wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR USE BY GOVERNMENT CONTRACTORS

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. Refusal to provide this information will not subject to adverse treatment.

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for employment

Name: _____ Phone: _____

Address: _____
Street City State Zip Position(s) applied for:

Please identify where you learned about an employment opportunity with this organization

- | | | | | | |
|-----------|-------------------------------|-------|-----------|--------------------------|-------|
| 1. | Newspaper ad | _____ | 2. | Employee referral | _____ |
| 3. | Recruiter | _____ | 4. | Other | _____ |
| 5. | Tech school/college placement | _____ | 6. | Temporary service | _____ |
| 7. | State employment service | _____ | | | |

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Please indicate your Gender

- | | | | | | |
|----|--------|-------|----|------|-------|
| 1. | Female | _____ | 2. | Male | _____ |
|----|--------|-------|----|------|-------|

Check one of the following

- | | | |
|----|--|-------|
| 1. | Black or African American (Not Hispanic or Latino): | _____ |
| 2. | White (Not Hispanic): | _____ |
| 3. | Hispanic or Latino: | _____ |
| 4. | Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) | _____ |
| 5. | Asian (Not Hispanic or Latino) | _____ |
| 6. | American Indian or Alaska Native (Not Hispanic or Latino) | _____ |
| 7. | Two or More Races (Not Hispanic or Latino) | _____ |

Please indicate your Military Service

- | | | |
|----|---------------------|-------|
| 1. | Vietnam Era Veteran | _____ |
| 2. | Other Era Veteran | _____ |
| 3. | Disabled Veteran | _____ |
| 4. | Disabled Individual | _____ |

FOR PERSONNEL DEPARTMENT USE ONLY

Position (s) sought is/are open:	Yes _____	No _____	Date: _____
Position (s) considered for:	_____		



Previous Employment Verification

UCP Land of Lincoln

To: _____ Date: _____
(Name of Previous Employer)

Applicant Name: _____ SS#: _____

The above named applicant is being considered for employment with UCP Land of Lincoln and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form to us by fax (217-525-9017) or in the enclosed, self-addressed, stamped envelope. Thank you for your assistance.

UCP Representative: _____ **Title:** _____

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's signature: _____ Date: _____

OFFICE USE ONLY

Record of Employment

Position held: _____ Dates employed: _____

Summary of essential duties: _____

Reason for leaving: _____

Salary at termination: _____ Eligible for rehire? _____ Yes _____ No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Comments: _____

Signature: _____ Position: _____ Date: _____

Previous Employment Verification

UCP Land of Lincoln



To: _____ Date: _____
(Name of Previous Employer)

Applicant Name: _____ SS#: _____

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Applicant's signature: _____ Date: _____

OFFICE USE ONLY

Record of Employment

Position held: _____ Dates employed: _____

Summary of essential duties: _____

Reason for leaving: _____

Salary at termination: _____ Eligible for rehire? _____ Yes _____ No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Comments: _____

Signature: _____ Position: _____ Date: _____

Previous Employment Verification

UCP Land of Lincoln



To: _____ Date: _____
(Name of Previous Employer)

Applicant Name: _____ SS#: _____

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Applicant's signature: _____ Date: _____

OFFICE USE ONLY

Record of Employment

Position held: _____ Dates employed: _____

Summary of essential duties: _____

Reason for leaving: _____

Salary at termination: _____ Eligible for rehire? _____ Yes _____ No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Comments: _____

Signature: _____ Position: _____ Date: _____

Condition of Employment Acknowledgement

All employment at United Cerebral Palsy is based on your ability to successfully meet the following conditions.

- Successful completion of state mandated Test of Adult Basic Education (TABE) as applicable
- Successful completion of UCP Physical and/or Drug Screening
- Successful completion of state mandated background check through the Illinois State Police and DCFS
- Successful completion of previous employment reference by UCPLL
- Successful completion of Driver's Record and Driving Test as applicable
- Provide proof of education – including high school diploma or GED
- Provide copies of a valid Drivers license or State ID if approved
- Provide copies of valid car insurance if applicable
- Provide copies of Social Security Card or certified birth certificate
- Proof that you may be employed in the United States as applicable
- Ability to meet employment requirements as stated in the job description.

I understand that it is my responsibility to provide all necessary copies when requested.

Signature indicated that you have read and understand the above policy. Your signature does not imply an employment offer by United Cerebral Palsy.

Signature: _____

Date: _____

United Cerebral Palsy is an "at will" employer and reserves the right to terminate employment at any time.

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 59: MENTAL HEALTH
CHAPTER I: DEPARTMENT OF HUMAN SERVICES
**PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-
INTEGRATED LIVING ARRANGEMENTS**
**SECTION 115.321 APPLICATION FOR WAIVER OF THE PROHIBITION AGAINST
EMPLOYMENT**

Section 115.321 Application for waiver of the prohibition against employment

- a) Hiring of direct care employees
An agency shall not *knowingly hire* or retain *any* person after January 1, 1998 in a full-time, part-time or contractual direct care position if that person *has been convicted of committing or attempting to commit one or more of the following offenses unless the applicant or employee obtains a waiver pursuant to* subsections (i) through (l) of this Section (Section 25 of the Health Care Worker Background Check Act [225 ILCS 46/25]):
- 1) Murder, homicide, manslaughter or concealment of a homicidal death (Sections 9-1 through 9-3.3 of the Criminal Code of 1961 [720 ILCS 5/9-1 through 9-3.3]);
 - 2) Solicitation of murder and solicitation of murder for hire (Sections 8-1.1 and 8-1.2 of the Criminal Code of 1961 [720 ILCS 5/8-1.1 and 8-1.2]);
 - 3) Kidnaping or child abduction (Sections 10-1, 10-2, 10-5 and 10-7 of the Criminal Code of 1961 [720 ILCS 5/10-1, 10-2, 10-5 and 10-7]);
 - 4) Unlawful restraint or forcible detention (Sections 10-3, 10-3.1 and 10-4 of the Criminal Code of 1961 [720 ILCS 5/10-3, 10-3.1 and 10-4]);
 - 5) Assault, battery or infliction of great bodily harm (Sections 12-1, 12-2, 12-3, 12-3.1, 12-3.2, 12-4, 12-4.2, 12-4.3, 12-4.4, 12-6 and 12-7 of the Criminal Code of 1961 [720 ILCS 5/12-1, 12-2, 12-3, 12-3.1, 12-3.2, 12-4, 12-4.2, 12-4.3, 12-4.4, 12-6 and 12-7]);
 - 6) Sexual assault or abuse (Sections 12-13, 12-14, 12-15 and 12-16 of the Criminal Code of 1961 [720 ILCS 5/12-13, 12-14, 12-15 and 12-16]);
 - 7) Indecent solicitation of a child (Section 11-6 of the Criminal Code of 1961 [720 ILCS 5/11-6]);

- 8) Predatory criminal sexual assault of a child (Section 12-14.1 of the Criminal Code of 1961 [720 ILCS 5/12-14.1]);
- 9) Sexual exploitation of a child (Section 11-9.1 of the Criminal Code of 1961 [720 ILCS 5/11-9.1]);
- 10) Exploitation of a child (Section 11-19.2 of the Criminal Code of 1961 [720 ILCS 5/11-19.2]);
- 11) Child pornography (Section 11-20.1 of the Criminal Code of 1961 [720 ILCS 5/11-20.1]);
- 12) Endangering the life or health of a child (Section 12-21.6 of the Criminal Code of 1961 [720 ILCS 5/12-21.6]);
- 13) Cruelty to children (Section 53 of the Criminal Jurisprudence Act [720 ILCS 115/53, repealed by P.A. 89-234, effective January 1, 1996]);
- 14) Abuse or gross neglect of a long-term care facility resident (Section 12-19 of the Criminal Code of 1961 [720 ILCS 5/12-19]);
- 15) Criminal neglect of an elderly or disabled person (Section 12-21 of the Criminal Code of 1961 [720 ILCS 5/12-21]);
- 16) Theft, financial exploitation of an elderly or disabled person, robbery or burglary (Sections 16-1, 16-1.3, 16A-3, 18-1, 18-2, 19-1 and 19-3 of the Criminal Code of 1961 [720 ILCS 5/16-1, 16-1.3, 16A-3, 18-1, 18-2, 19-1 and 19-3]);
- 17) Aggravated robbery (Section 18-5 of the Criminal Code of 1961 [720 ILCS 5/18-5]);
- 18) Criminal trespass (Section 19-4 of the Criminal Code of 1961 [720 ILCS 5/19-4]);
- 19) Home invasion (Section 12-11 of the Criminal Code of 1961 [720 ILCS 5/12-11]);
- 20) Arson (Sections 20-1 and 20-1.1 of the Criminal Code of 1961 [720 ILCS 5/20-1 and 20-1.1]);
- 21) Unlawful use of weapons or aggravated discharge of a firearm (Sections 24-1 and 24-1.2 of the Criminal Code of 1961 [720 ILCS 5/24-1 and 24-1.2]);
- 22) Armed violence (Section 33A of the Criminal Code of 1961 [720 ILCS 5/33A]);
- 23) Heinous battery (Section 12-4.1 of the Criminal Code of 1961 [720 ILCS 5/12-4.1]);

- 24) Tampering with food, drugs or cosmetics (Section 12-4.5 of the Criminal Code of 1961 [720 ILCS 5/12-4.5]);
- 25) Aggravated stalking (Section 12-7.4 of the Criminal Code of 1961 [720 ILCS 12-7.4]);
- 26) Ritual mutilation and ritualized abuse of a child (Section 12-32 and 12-33 of the Criminal Code of 1961 [720 ILCS 5/12-32 and 12-33]);
- 27) Forgery (Section 17-3 of the Criminal Code of 1961 [720 ILCS 5/17-3]);
- 28) Vehicular hijacking and aggravated vehicular hijacking (Sections 18-3 and 18-4 of the Criminal Code of 1961 [720 ILCS 5/18-3 and 18-4]);
- 29) Manufacture, delivery or trafficking of cannabis (Sections 5, 5.1 and 9 of the Cannabis Control Act [720 ILCS 550/5, 5.1 and 9]);
- 30) Delivery of cannabis on school grounds (Section 5.2 of the Cannabis Control Act [720 ILCS 550/5.2]);
- 31) Delivery of cannabis by a person at least 18 years of age to a person under 18 who is at least three years his or her junior (Section 7 of the Cannabis Control Act [720 ILCS 550/7]); and
- 32) Manufacture, delivery or trafficking of controlled substances (Sections 401, 401.1, 404, 405, 405.1, 407 and 407.1 of the Illinois Controlled Substances Act [720 ILCS 570/401, 401.1, 404, 405, 405.1, 407 and 407.1]).

b) Definitions

For the purposes of this Section, the following terms are defined:

"Applicant." A person seeking employment with an agency who has received a bona fide conditional offer of employment. (Section 15 of the Health Care Worker Background Check Act [225 ILCS 46/15])

"Conditional offer of employment." A bona fide offer of employment by an agency to an applicant, which is contingent on the receipt of a report from the Department of State Police indicating that the applicant does not have a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) through (32) of this Section. (Section 15 of the Health Care Worker Background Check Act [225 ILCS 46/15])

"Direct care." The provision of nursing assistance with meals, dressing, movement, bathing, or other personal needs of maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his or her person whether or not a guardian has been appointed for that individual. (Section 15 of the Health Care Worker

Background Check Act [225 ILCS 46/15])

"Initiate." The obtaining of the authorization for a record check from a student, applicant, or employee. The provider shall transmit all necessary information and fees to the Illinois State Police within 10 working days after receipt of the authorization. (Section 15 of the Health Care Worker Background Check Act [225 ILCS 46/15])

"Nurse Aide Registry." The registry of nurse aides kept by the Department of Public Health pursuant to Section 3-206.01 of the Nursing Home Care Act [210 ILCS 45/3-206.01].

"UCIA" The Uniform Conviction Information Act [20 ILCS 2635].

- c) Nurse Aide Registry
For all applicants for nurse aide positions, the agency shall check the Nurse Aide Registry to determine the date of the applicant's last UCIA criminal history record check. *If it has been more than one year since the records check, the agency must initiate or have initiated on its behalf a UCIA criminal history record check for the nurse aide. (Section 30(b) of the Health Care Worker Background Check Act [225 ILCS 46/30(b)])*
- d) Conditional offers
Effective January 1, 1996, if the agency *makes a conditional offer of employment to an applicant other than a nurse aide* who is not exempt under subsection (m) of this Section for a direct care position, the provider shall *initiate or have initiated on its behalf a UCIA criminal history record check* except as provided for in subsection (e)(2) of this Section. (Section 30(c) of the Health Care Worker Background Check Act [225 ILCS 46/30(c)])
- e) Initiation of UCIA criminal history record check
 - 1) By January 1, 1997 the agency *must initiate a UCIA criminal history record check for all direct care employees* who were hired before January 1, 1996, who have not already had a UCIA criminal history record check and who are not exempt in accordance with subsection (m) of this Section. (Section 30 of the Health Care Worker Background Check Act [225 ILCS 46/30])
 - 2) If the agency initiated a criminal background check on an employee hired after January 1, 1996 and before January 1, 1998, the agency does not need to initiate an additional criminal history record check to determine if the employee has a record of conviction of any of the offenses enumerated in subsections (a)(2), (7), (9) through (13), (17), (19), (22) through (28), (30) and (31) of this Section. (Section 25.1 of the Health Care Worker Background Check Act [225 ILCS 46/25.1])
- f) Request for UCIA criminal history record check
The agency shall *request the UCIA criminal history record check* in accordance with the requirements of *the Department of State Police*. (See 20 Ill. Adm. Code 1265.) The agency shall notify *the applicant or employee of the following whenever*

a non-fingerprint UCIA Criminal History Record search is made. (Section 30 of the Health Care Worker Background Check Act [225 ILCS 46/30]):

- 1) *That the agency shall request or have requested on its behalf a UCIA criminal history record check pursuant to the Health Care Worker Background Check Act;*
 - 2) *That the applicant or employee has a right to obtain a copy of the criminal records report, challenge the accuracy and completeness of the report and request a waiver in accordance with subsection (j)(1) of this Section;*
 - 3) *That the applicant, if hired conditionally, may be terminated if the criminal records report indicates that the applicant has a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) through (32) of this Section unless the applicant's identity is validated and it is determined that the applicant or employee does not have a disqualifying criminal history record based on a fingerprint-based records check pursuant to subsection (h) of this Section or the employee receives a waiver pursuant to subsection (j)(1) of this Section;*
 - 4) *That the applicant or employee cannot work in a direct care position while a waiver request is pending;*
 - 5) *That the applicant, if not hired conditionally, shall not be hired if the criminal records report indicates that the applicant has a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) through (32) of this Section unless the applicant's record is cleared based on a fingerprint-based record check pursuant to subsection (h) of this Section or the employee receives a waiver pursuant to subsection (j)(1) of this Section;*
 - 6) *That the employee may be terminated if the criminal records report indicates that the employee has a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) through (32) of this Section unless the record is cleared based on a fingerprint-based records check pursuant to subsection (h) of this Section or the employee receives a waiver pursuant to subsection (j)(1) of this Section.*
- g) **Conditional employment**
The agency may conditionally employ an applicant to provide direct care for up to three months pending the results of a UCIA criminal history record check. (Section 30(g) of the Health Care Worker Background Check Act [225 ILCS 46/30(g)])
- h) **Request for fingerprint-based UCIA criminal records check**
An applicant, employee, or nurse aide whose UCIA criminal history record check indicates a conviction for committing or attempting to commit one or more of the offenses enumerated in subsections (a)(1) through (32) of this Section may request that the agency commence a fingerprint-based UCIA criminal records check by submitting information in a form and manner prescribed by the Department of State Police (see 20 Ill. Adm. Code 1265) within 30 days after receipt of the criminal

records report to validate identity and clear one's record. (Section 35 of the Health Care Worker Background Check Act [225 ILCS 46/35])

- i) Eligibility for waiver
 - 1) *An applicant, employee, or nurse aide may request a waiver of the prohibition against employment.* (Section 40 of the Health Care Worker Background Check Act [225 ILCS 46/40])
 - 2) The Department *may grant a waiver based on any mitigating circumstances, which may include but not be limited to:*
 - A) *The applicant's, employee's or nurse aide's age at the time that the crime was committed;*
 - B) *The circumstances surrounding the crime;*
 - C) *The length of time since the conviction;*
 - D) *The applicant or employee's criminal history since the conviction;*
 - E) *The applicant or employee's work history;*
 - F) *The applicant or employee's current employment references;*
 - G) *The applicant or employee's character references;*
 - H) *Nurse Aide Registry records; and*
 - I) *Other evidence demonstrating the ability of the applicant or employee to perform the employment responsibilities competently and evidence that the applicant or employee does not pose a threat to the health or safety of residents, recipients or clients.* (Section 40(b) of the Health Care Worker Background Check Act [225 ILCS 46/40(b)])
- j) Application for waiver
 - 1) If the applicant, employee or nurse aide wishes to request a waiver, the request shall be submitted *within 5 calendar days after receipt of the criminal records report.* A complete waiver request shall include the following:
 - A) A statement specifying any mitigating circumstances (see subsection (i)(2) of this Section) the person believes are relevant to the employment in question; and
 - B) Either:
 - i) Information necessary for the Department to obtain a

fingerprint-based UCIA criminal records check, including a suitable set of fingerprints, in a form and manner prescribed by the Department of State Police (see 20 Ill. Adm. Code 1265), the fee for such a check (which shall not exceed the actual cost of the check) and the findings of the required non fingerprint-based UCIA criminal records check conducted by the Department of State Police; or

- ii) The report of the results of the fingerprint-based UCIA criminal records check done pursuant to subsection (h) of this Section.
- 2) Agency employees may assist the applicant, employee or nurse aide in completing the application.
 - 3) The waiver request shall be submitted to:
 - Accreditation, Licensure and Certification
 - Department of Human Services
 - 405 Stratton Building
 - Springfield IL 62765
- k) Waiver decision
 - 1) The waiver request shall be reviewed by a panel of Department staff. The Department shall return a decision to the applicant, employee, or nurse aide and the provider within 30 calendar days after receipt of the completed waiver request including receipt of a report from the State Police based on the fingerprint-based record check.
 - 2) The agency *is not obligated to hire or offer permanent employment to an applicant or to retain an employee who is granted a waiver.* (Section 40(f) of the Health Care Worker Background Check Act [225 ILCS 46/40(f)])
 - 3) The Department *shall be immune from liability for any waivers granted.* (Section 40(e) of the Health Care Worker Background Check Act [225 ILCS 46/40(e)])
 - l) Appeal of the decision
 - 1) The applicant, employee, or nurse aide may request further review of his or her request for a waiver within 30 calendar days after the receipt of the Department's denial of the waiver.
 - 2) The applicant, employee, or nurse aide may submit additional documentation of the mitigating circumstances.
 - 3) The appeal shall be submitted to:

Director

Division of Disability and Behavioral Health Services

Department of Human Services

100 South Grand Avenue East

Springfield IL 62762

- 4) The Director shall act on the appeal within 30 calendar days after receipt of the appeal and shall issue a final decision granting or denying the waiver request.
- m) This Section *shall not apply to*:
- 1) *An individual who is licensed by the Department of Professional Regulation or the Department of Public Health under another law; or*
 - 2) *An individual employed or retained by the agency as defined by Section 15 of the Health Care Worker Background Check Act [225 ILCS 46/15] for whom a criminal background check is required by another law of this State. (Section 20 of the Health Care Worker Background Check Act [225 ILCS 46/20]):*
- n) *The agency shall send a copy of the results of the UCIA criminal history record check to the State Nurse Aide Registry for an individual employed as a nurse aide within 10 working days after receipt of the results. (Section 30(b) of the Health Care Worker Background Check Act [225 ILCS 46/30(b)])*
- o) *The agency shall retain on file for a period of five years records of criminal records requests for all employees. The files shall be subject to inspection by the OALC. The agency shall retain the results of the UCIA criminal history records check and waiver, if appropriate, for the duration of the individual's employment. A fine of \$500 may be imposed for failure to maintain these records. (Section 50 of the Health Care Worker Background Check Act [225 ILCS 46/50])*

(Source: Amended at 22 Ill. Reg. 9791, effective August 13, 1999)



According to the Department of Human Services, all employees, contractual workers, and volunteers for United Cerebral Palsy of Land of Lincoln are required to be screened with the Nurse Aide Registry.

I, _____, understand that my employment with United Cerebral Palsy of Land of Lincoln is contingent upon the results of the Nurse Aide Registry employment screening.

Applicant's Signature

Date

Applicant's Social Security Number

OFFICE USE ONLY

Nurse Aide Registry Screening

Date of Inquiry: _____

Confirmation Code: _____

Explanation:

I certify that the employee named above was screened against the Department of Human Services Nurse Aide Registry.

Signature of Human Resources

Date