

The following response is in reference to the request for information regarding the Inventorying Employment Restrictions Act.

The information below will cover the Illinois Department of Revenue (IDOR), the Illinois Lottery and the Illinois Liquor Control Commission (ILCC). This is due to the fact that until September of 2011, the Illinois Lottery was part of the IDOR. They have since separated from IDOR. However the ILCC is still part of IDOR.

All employees, contractual persons or persons from other state agencies who are seeking identification badge authorizing admittance into IDOR facilities will have a criminal background check completed before they are hired and or given identifications badges, see IDR-147 attached. Additionally, all persons requesting an Illinois Lottery Retailers License are also required to submit to a criminal background check, see 20 ILCS 1605/10.1.

Once the background check has been completed, one of the following possibilities would exist.

- First, the background check is clear and no further action is required.
- Second, the applicant failed to include a conviction, including any guilty pleas where the individual received some sort of alternative sentencing, including court supervision. If this occurs the application would be Falsified, meaning the application would initially be denied. A letter would be sent to the applicant advising them and giving them the opportunity to contact the Internal Affairs Office of IDOR and request to have the matter reviewed. In many cases the conviction is old and or of a minor nature and the applicant simply forgot to include it, or didn't believe the conviction was on their record. If the applicant requests the matter be reviewed, a committee made up of the Chief of the Internal Affairs Division, the EEO Officer, an Assistant General Counsel and a member of the Shared Services Unit, will meet and make a determination if the application will go forward or be denied.
- Third, the background check revealed a conviction giving concern as to the applicant's viability. Some examples would include identity theft, gambling, fraud, deceptive practice or any violent crimes. As in the situation above, the application would be reviewed and a decision rendered as to the viability of the applicant. Various factors are weighed, such as the time elapsed between the application and when the conviction took place.
- It should also be noted that in addition to the criminal background checks completed on all applicants, a tax check is completed as well. If and when an application reveals a tax issue, the applicant is sent a letter indicating same and if the applicant corrects the problem the application will be approved.

While every attempt is made to see the process is fair and impartial and applicants given every chance to succeed, the confidential nature of the work IDOR performs and the Integrity of the Lottery and the ILCC is paramount when considering the applications submitted.

The following statistics are based on all applications received and processed between July of 2009 and January 2012.

Total Applications received/processed = 9768 (5155 were Lottery Retailer Applications or renewals, 4613 were all other applications).

Total Applications Cleared/Approved = 8400 (5108 were Lottery Retailer Applications or Renewals, 3292 were all other applications).

Total number of Applicants denied = 1368 (includes 875 for tax related issues)

Total number of Applications reviewed = 493



# Illinois Department of Revenue

## IDR-147

## Disclosure Information and Badge Request

### Read this first. Please clearly print your information

Due to the confidential and sensitive nature of tax records and because disclosure of tax information is prohibited, we must investigate all criminal records for new employees, contractual persons, or persons from other state of Illinois agencies requesting an identification badge authorizing admittance to Illinois Department of Revenue (j) facilities.

#### Step 1: Complete your information — *Please print.*

**1** Your name

**a** First, middle and last name.

\_\_\_\_\_

**b** Maiden or previous name (if applicable):

\_\_\_\_\_

**2** Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**3** Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**4** Sex: \_\_\_\_ Female \_\_\_\_ Male

**5** Driver's license information:

**a** Number: \_\_\_\_\_

**b** Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**c** State from which issued: \_\_\_\_\_

**6** Addresses:

**a** Current address:

Street address

City State ZIP

**b** Previous address: (if in the last 5 years)

Street address

City State ZIP

**c** Mailing address if different:

Street address

City State ZIP

**7** Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### Step 2: Complete your background information

You must complete the following information based on your **adult** criminal record. Do not include offenses committed as a juvenile (under the age of 17) when the offense was committed. Please read the following thoroughly.

- 8** Have you ever been found guilty of any felony or misdemeanor offense other than a minor traffic violation. You must answer **"yes"** if, as an **adult**, you committed offenses under criminal laws of **any** state, for which you
- were prosecuted and/or convicted;
  - agreed to an alternative sentencing or pretrial diversion program which required an admission or adjudication of guilt, including court supervision.

\_\_\_\_yes \_\_\_\_no

If **"yes"**, tell us the county and the date of your offense and provide a detailed explanation. If you need additional space, you can attach additional paper(s).

County: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Step 3: Please read and sign your authorization agreement.

- 9** You must sign below to authorize all law enforcement organizations to release information of any criminal record to the Illinois Department of Revenue.

I authorize all law enforcement organizations to release information of any criminal record to the Illinois Department of Revenue. I hereby release any and all entities furnishing this information from any liability or cause of action which I might have concerning the release of this information to the Illinois Department of Revenue. I have read and understand the contents of this request for information release.

\_\_\_\_\_  
Your signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Step 4: Complete your company or agency information.** New IDOR employees *Skip to Step 5.*

**10** Company or agency name:

\_\_\_\_\_

**11** Describe the nature of business within IDOR:

\_\_\_\_\_

**12** Contract employees, what is the contract duration:

\_\_\_\_\_

**Step 5: Complete your compliance information.**

Other state of Illinois agency employees —  
*Skip to Step 6.*

You must complete the following information to authorize our investigation of your tax compliance and credit history.

**13** Your spouse's name - first, middle and last.

\_\_\_\_\_

Your spouse's Social Security number:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**14** Have you ever been the proprietor, a partner, shareholder, or an officer of any business or organization?  
\_\_\_\_\_yes \_\_\_\_\_no

If "yes", complete the following about that business or organization:

**a** Name: \_\_\_\_\_

**b** Dates of operation: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year

**c** Identification numbers:

Federal Employer's Identification number (FEIN):

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Illinois Business tax number (IBT no.):

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**15** Authorization for release of information:

I authorize any financial organization, credit reporting agency and taxing entity, including but not limited to, the Internal Revenue Service of the United States of America, to release any information concerning compliance with tax laws and credit history. I hereby release any and all entities furnishing this information from any liability or cause of action which I might have concerning the release of this information to the Illinois Department of Revenue. I have read and understand the contents of this request for information release.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Your signature Month Day Year

**Step 6: Read and sign your confidentiality agreement.**

I understand the protection of confidential information is a condition of my employment or contract with the Illinois Department of Revenue, another state agency, or a vendor of either. I agree to keep confidential and to not disclose during or after my employment or contract period any federal or state tax information, taxpayer's personal information, or any information concerning processes and procedures used by the Illinois Department of Revenue in administration of Illinois law. I swear that to the best of my knowledge, the information contained within this form is true, correct, and complete.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Your signature Month Day Year

**REQUESTOR USE ONLY**

This must be completed by the applicants supervisor.

Name: \_\_\_\_\_  
Please print.

Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check the purpose of request:

\_\_\_\_ Badge \_\_\_\_ Shield \_\_\_\_ Background  
\_\_\_\_ Other: \_\_\_\_\_

Check where the applicant will be working:

\_\_\_\_ Willard Ice Building  
\_\_\_\_ James R. Thompson Center  
\_\_\_\_ Other — Provide the address:

\_\_\_\_\_  
Street address

\_\_\_\_ City \_\_\_\_ State \_\_\_\_ ZIP

If a restricted access area, check the location below.

\_\_\_\_ Computer room \_\_\_\_ Records Division  
\_\_\_\_ Other: \_\_\_\_\_

**REVENUE ONLY**

*This must be completed by IDOR's Information Services Program Administrator.*

Name: \_\_\_\_\_  
Please print.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_