

DIOCESE OF GARY

9292 BROADWAY
MERRILLVILLE, IN 46410-7088

219-769-9292
219-738-9034 Fax

Chancery/Pastoral Center

Thank you for your interest in applying for a substitute position in the Diocese of Gary Catholic schools. Once the application and the accompanying documentation are received, the Schools Office shall provide a current listing of substitute teachers periodically to principals.

All substitutes shall be paid the diocesan-wide substitute stipend as indicated in the chart on the application. Substitutes do not receive benefits.

The basic requirements for substituting in our Catholic schools:

- A minimum of 60 college hours or a two-year degree (include transcripts)
 - A professional, standard, or reciprocal teaching license
 - A current Substitute Teaching Certificate (optional)
(NOTE: If you hold a professional, standard, or reciprocal license, a substitute certificate is not needed.)
 - A national criminal history report filed through VIRTUS
 - Registration and attendance at a Protecting God's Children training session and continued online training through VIRTUS (check the diocesan website for training sessions available – www.dcgary.org – VIRTUS Training Sessions)
 - Drug screen test—contact the Schools Office for authorization form
 - Fingerprint Scan Results
1. The applicant must complete the enclosed Application for Substitute Teaching and return it to the Catholic Schools Office. Include a copy of your teaching or substitute license or your transcripts.
 2. A map of the cities where our schools are located is enclosed. Please indicate on the map in which of the cities you would be interested in accepting a substitute position.
 3. Submit a resume and request that the official transcript(s) of your undergraduate and/or graduate work be sent to this office by your college(s).
 4. As of July 1, 2016, all applicants are required to complete an Expanded Child Protection Check. The application form and instructions for completing this form are enclosed in this packet.
 5. Attend a VIRTUS training session. Register with www.virtusonline.org and print out a certificate of attendance; mail with application documents.
 6. The applicant must have a clear national background check issued through selection.com.
 7. A drug screening test is required of all applicants. A signed authorization form must be sent directly to the applicant through the Schools Office.
 8. Fingerprint scan results must be submitted.

We are pleased that you have expressed an interest in our Catholic Schools and look forward to receiving your application. Thank you!

CHECKLIST:

- Substitute Teacher Application
- Map of Teaching Preference Cities
- Official College Transcripts
- Expanded Child Protection Check Form
- National Background Check
- Copy of Teaching/Substitute License
- Resume
- Drug Screening Test Results
- Fingerprint Scan Results
- Copy of VIRTUS Training Certificate



DIOCESE OF GARY
 9292 Broadway, Merrillville, IN 46410
APPLICATION FOR SUBSTITUTE TEACHING

PERSONAL INFORMATION (Please print or type):

DATE: _____

NAME: _____
 (Last) (First) (Middle) (Maiden)

ADDRESS: _____
 (Street) (City) (State) (Zip Code)

HOME PHONE: (_____) _____ **WORK PHONE:** (_____) _____

CELL PHONE: (_____) _____

EMAIL ADDRESS: _____

RELIGIOUS AFFILIATION: _____ **PARISH:** _____

PREVIOUS TEACHING EXPERIENCE: _____

PRESENT POSITION OR STATUS: _____

INDIANA CERTIFICATION:

TYPE: _____ **LICENSE NUMBER:** _____

LICENSE AREA: _____ **EXPIRATION DATE:** _____

DEGREE/MAJOR: _____ **IF NONE, NUMBER OF CREDIT HOURS:** _____

AVAILABLE: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

GRADE(S) PREFERENCE: _____ **SUBJECT(S) PREFERENCE:** _____

GEOGRAPHIC CITY PREFERENCE: _____

VIRTUS CERTIFICATE: YES _____ NO _____

SUBSTITUTE TEACHER PAY

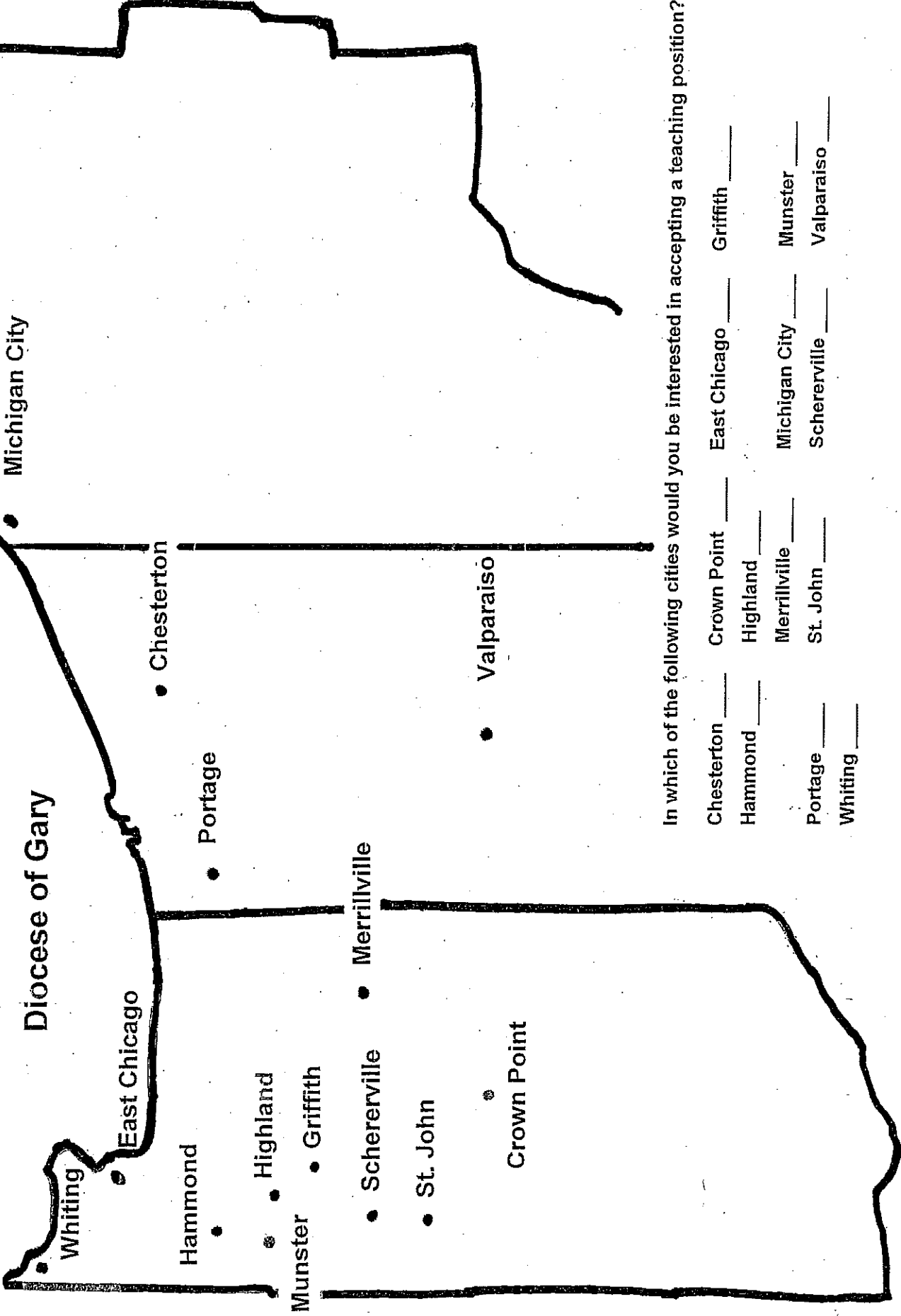
Degreed and Certified Teachers*	\$90.00
Degreed and Uncertified Teachers	\$80.00
Non-Degreed Teachers	\$70.00

Permanent Substitute Teachers (ex. FMLA Medical/Maternity Leave) \$115.00

*Certified = A current Indiana Professional, Provisional, Standard, Reciprocal, or Emergency License.
 (A "Substitute License" by itself does not satisfy "certification" requirements)

Name _____

Diocese of Gary



In which of the following cities would you be interested in accepting a teaching position?

- Chesterton _____ Crown Point _____ East Chicago _____ Griffith _____
- Hammond _____ Highland _____
- Merrillville _____ Michigan City _____ Munster _____
- Portage _____ St. John _____ Schererville _____ Valparaiso _____
- Whiting _____



INDIANA SCHOOL PERSONNEL REQUEST FOR AN EXPANDED CHILD PROTECTION INDEX CHECK

State Form 56025 (R / 6-16)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

All spaces in Section A and Section B must be completed. All information must be typed or printed in all capital letters.

- Section A is to be completed by the requesting organization.
- Section B is to be completed by the applicant being searched.
- Submit to Department of Child Services (DCS), Central Office Background Check Unit (COBCU) by fax at (317) 232-1758 or by e-mail with a scanned PDF format to DOE.CPIChecks@dcs.in.gov.
- For additional guidance for completing request see webpage, <http://www.in.gov/dcs/2363.htm>, click on Indiana School Personnel Expanded Child Protection Index Checks. Reference document entitled Instructions for the Completing Indiana School Personnel Request for an Expanded Child Protection Index Check, SF 56025 (4-16).

SECTION A - TO BE COMPLETED BY REQUESTING ORGANIZATION

1. Legal first name of applicant	Legal middle name of applicant (If none, indicate "no middle")	Last name of applicant
2. Reason for history check (Check all that apply.) <input type="checkbox"/> Employment – New Hire <input type="checkbox"/> Employment – Existing <input type="checkbox"/> Volunteer		
3. Name of the school corporation, charter school, or non-public school at which applicant will be employed or volunteer		
4. Name of requesting organization (Complete even if the same as question 3.) Catholic Diocese of Gary		5. Name of contact person at requesting organization Kathy Lafakis
6. Mailing address of requesting organization (number and street, city, state, and ZIP code) 9292 Broadway Avenue Merrillville, IN 46410		
7. Telephone number (Include area code.) (219) 769-9292 x292	8. Fax number (Include area code.) (219) 650-4265	9. E-mail address of requestor klafakis@dgary.org

SECTION B - TO BE COMPLETED BY APPLICANT

I hereby consent to a release of information to the above named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from the date of consent below.

10. Signature of applicant		11. Date signed (mm/dd/yy)	12. Gender of applicant <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Typed of printed name of applicant (Exactly as in question 10)		14. Date of birth of applicant (mm/dd/yy)	15. Race of applicant
16. Current residential address of applicant (number and street, city, state, and ZIP code)		17. Social Security number of applicant (Last four digits) (List all number ever used.) XXX-XX-	
18. Please list all counties / states of residency. Begin with the most current residency in, question 18a., working backwards until January 1, 1998. Provide the month and year that residency in that county / state began as well as the month and year the residency in that county / state ended. For your current residency, the end date should reflect "current". For special or unusual situations, please explain. If temporary residency and permanent residency counties / states are different for the same time period, please provide both and explain. Example would include a temporary county / state residency at the university and permanent residency county / state might be your parent's home.			
County / State	Begin Date (month / year)	End Date (month / year)	Explanation, if necessary
Example: XYZ County / IN	02/2002	Current	Home address
Example: ABC County / IN	08/2010	05/2014	School address
18a.			
18b.			
18c.			
18d.			
18e.			
19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, complete 19a. through 19e. If no, please stop.	
19a. Maiden name (if ever married) (first, middle, and last name)		19b. Other last name(s)	
19c. Nickname or shortened first name		19d. Pre-adoptive name or other alias name / how used	
19e. Other alias name(s) / how used			

SECTION C - TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete 20 through 24.)

20. Does the above named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, for each substantiation list the type of case (i.e., neglect, physical abuse and/or sexual abuse), the month and year of the substantiation approval, the DCS local office that conducted the assessment, and that DCS local office's telephone number. The requestor should contact the DCS local office at the telephone number provided for more detail.		

21. Signature of staff member completing check	22. Title of staff member completing check	23. Date (mm/dd/yy)
24. Printed name of staff member completing check		Indiana Department of Child Services, Central Office Background Check Unit

**Instructions for the completion/submission of
Indiana School Personnel Request for an Expanded Child Protection Index Check
State Form 56025 (R /6-16)
Department of Child Services**

All requests for CPI searches for Indiana school personnel purposes must be submitted on the current version of the state approved form entitled *Indiana School Personnel Requests for an Expanded Child Protection Index Check SF 56025 (R /6-16)* per the instructions on this document. The request will not be accepted until all information is complete and correct. Forms will be returned for corrections when any information is missing or instructions are not followed. Additionally request will be returned if not submitted upon the correct and/or current version of the request form.

When completing, the information should be printed in capital letters or typed.

Indiana School Personnel Request for an Expanded Child Protection Index Check SF 56025 are only completed by Department of Child Services (DCS), Central Office Background Check Unit (COBCU). Do not submit these request to any local county DCS office. Request will only be accepted at the below indicated e-mail address and fax number

Where to submit the *Indiana School Personnel Request for an Expanded Child Protection Index Check*:

Preferred method of submission: Scan as PDF document and email to DOE.CPIchecks@dcs.in.gov

This e-mail address is reserved for the submission of school personnel CPI searches only.

Other options for submission of request include:

By Fax: **317-232-1758**

(This fax number is reserved for the submission of school personnel CPI search only)

By Regular Mail:

Indiana Department of Child Services, COBCU
302 W. Washington Street
Room E306, MS08
Indianapolis, IN 46204

NOTE: If submitting by US Postal mail please send a copy and keep the original. If the request is returned for corrections, these corrections should be made on the original and a new copy resubmitted.

The Department of Child Services does not charge for the completion of this search. There is no requirement for an original signature or the form to be notarized.

Upon receipt of a complete and correct request form, COBCU has 10 business days to complete and return the request to the requestor. The form will be returned via e-mail to the e-mail address list in #9 of the form. If not e-mail address is provided the form will be returned by fax to the fax number listed in #8. The form will be returned by US postal service only if an e-mail address or fax number is not available or cannot be obtained or the requestor specifically indicates to mail the request form.

Do not send duplicate or repeat requests. Email the COBCU at DOE.CPIchecks@dcs.in.gov if you have not form returned for corrections or received completed results after 10 business days of submission of the complete and correct form.

Section A –

This section is to be completed by the Requesting Organization about the applicant and the requesting agency. Do not have the applicant complete Section A.

- Question 1- Provide the applicant's full legal, first, middle and last name as it appears on an official document. If **no middle name or initial given at birth indicate "no middle" or "none"**. If left blank, it is incomplete and will be returned unprocessed.
- Question 2- Mark the appropriate box that indicates the status of the applicant in which this CPI check is being completed.
- Question 3- Enter the name of the School Corporation, Charter School or Non-Public School which the applicant will be employed, is current employed or volunteers.
- Question 4- Identify the Requesting Organization. Complete #4 even if the same as #3.
NOTE: If a third party vendor is completing the checks for a school corporation, Charter School or Non-Public School, the third party vendor information should appear in # 4 through #9
- Question 5- Enter the contact person's name associated with the organization listed in #4. This is the person that any returns, questions, and/or completed results will be addressed.
- Question 6- Enter the completed mailing address of the requesting organization listed in #4.
- Question 7- Enter the phone number (include area code) of the person in # 5.
- Question 8- Enter the fax number (include area code) to return the completed request. This fax number provided should be available 24/7 as these requests may be returned at any time and not necessarily during the requestor's business hours.
- Question 9- Enter the e-mail address for the returning of the form.

Section B -

This section is to be completed by the applicant, when possible, or reflect information collected directly from the applicant and entered by the requesting organization.

- Question 10- Legal signature of the applicant. This signature provides DCS with the authority to complete the search and return the results found to the requesting organization.
- Question 11 - Enter the date #10 was signed. **NOTE:** release is valid for 60 days only.
- Question 12 - Mark the appropriate box for the applicant's gender.
- Question 13 - Type or Print the EXACT name as signed in #10.
- Question 14 – Enter the applicant's date of birth.
- Question 15 – Enter the applicant's race.
- Question 16 – Enter the applicant's current residential address, include city, state and zip as of the date the form is completed.
- Question 17 – Enter the last four numbers of the applicant's Social Security Number. If the applicant does not have a Social Security Number for any reason, provide an explanation of why in this space. In addition, if the applicant has ever had a different Social Security Number at any time or under any other name, also provide that number here. Additional pages may be included if necessary
- Question 18 – Please list all counties / state of residency, begin with most current residency in 18a, working backwards until January 1998. Use "current" or "present" for the end date for the current county/state which will match the residential address listed in #16. **If this information is not provided as outlined the form will be considered incorrect and will be returned unprocessed.**
NOTE: Including all county/states of residency back to 1998, even when the applicant was not yet 18 years old, as well as including county/state information outside of Indiana assist COBCU in providing accurate results. Providing this information to Indiana does not substitute for the requirement to run searches in all other states.
- Question 19 – Has the applicant, at any time during his/her lifetime, used or been referred to by a different first, middle and/or last name indicated in Question 1 at the top of the form. This will include names prior to an adoption, maiden names, previously married names, nick names, shortened first names or use of middle name as commonly used first name, or change in middle name due to using maiden name as middle name after marriage or combination of any of the above. **If the answer is NO, please stop.** If the answer is YES, completed 19a-19e. Attach additional page if necessary.
- The requesting organization shall retain the original for their file and submit a copy to the DCS COBCU Unit in a method indicated on Page 1 of this document.

MEDICAL TREATMENT AUTHORIZATION
A VALID PHOTO ID IS REQUIRED FOR ALL SERVICES

EMPLOYEE NAME: _____ TODAY'S DATE: _____

COMPANY NAME: DIOCESE OF GARY

COMPANY PHONE: 219-769-9292 RESULTS: Fax E-Mail: mtomko@dcgary.org

COMPANY REP AUTHORIZING TREATMENT: MARILYN TOMKO

SIGNATURE: _____ VERBAL AUTH TIME: _____ INITIALS: _____

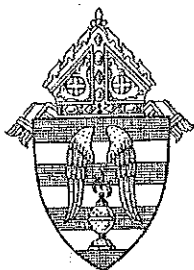
Above employee is schedule on _____ (date/time)

<p>Purpose for Testing:</p> <p><input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Post-accident/Injury <input type="checkbox"/> Reasonable Cause <input type="checkbox"/> Follow-up <input type="checkbox"/> Return to Duty <input type="checkbox"/> Other: _____</p> <p>Urine Drug Screens:</p> <p><input type="checkbox"/> DOT <input type="checkbox"/> DOT Collection Only *Specify Testing Agency: <input type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG <input type="checkbox"/> NON-DOT <input type="checkbox"/> 5 panel <input type="checkbox"/> 10 panel <input type="checkbox"/> Other: _____ <input type="checkbox"/> NON-DOT Collection Only Instant <input type="checkbox"/> 5 Panel <input type="checkbox"/> 10 Panel <input type="checkbox"/> Other: _____</p> <p>Breath Alcohol Testing</p> <p><input type="checkbox"/> NON-DOT <input type="checkbox"/> DOT</p>	<p>Hair Drug Screens</p> <p><input type="checkbox"/> 5panel <input type="checkbox"/> 5panel Expanded <input type="checkbox"/> Collection Only <input type="checkbox"/> Other: _____</p> <p>Physical Exams</p> <p><input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT <input type="checkbox"/> Return to Work <input type="checkbox"/> Fit for Duty</p> <p>Surveillance Testing</p> <p><input type="checkbox"/> Audiogram <input type="checkbox"/> Lift Test: # _____ <input type="checkbox"/> Mini Functional: # _____ <input type="checkbox"/> PFT/Spirometry <input type="checkbox"/> Respirator Questionnaire <input type="checkbox"/> Respirator Fit Test Type of Mask: _____ <input type="checkbox"/> Chest X-Ray</p> <p>Injections/Vaccination:</p> <p><input type="checkbox"/> PPD/TB Test <input type="checkbox"/> TDAP <input type="checkbox"/> Tetanus <input type="checkbox"/> Hep B <input type="checkbox"/> Hep A</p>	<p>Titers/Labs:</p> <p><input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> Hep B <input type="checkbox"/> Hep C <input type="checkbox"/> Quantiferon <input type="checkbox"/> Other: _____</p> <p>Worker's Comp/Injury Treatment</p> <p><input type="checkbox"/> New Injury</p> <p>Date of Injury: _____</p> <p>Workers Comp Insurance: _____</p> <p>Claim#: _____</p> <p>Additional Service Requested:</p> <p>_____</p> <p>_____</p>
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LOCATIONS:

Chicago Heights: 708-709-2000/(F) 708-709-2046
 Hammond: 219-852-2472/(F) 219-852-2567
 Rensselaer: 219-866-0411/(F) 219-866-1920
 Port of Indiana: 219-787-8662/(F) 219-787-8420
 Michigan City: 219-879-5400/(F) 219-879-5900

Munster: 219-836-4690/(F) 219-836-3609
 Crown Point: 219-662-5500/(F) 219-662-9684
 Valparaiso: 219-464-7073/(F) 219-464-7543
 Willowcreek/Portage: 219-764-8439/(F) 219-764-8463



**Diocese of Gary
Safe Environment Policy
Effective June 13, 2003**

The Diocese of Gary established the Sexual Misconduct Toward Minors and Others at Risk Policy in July 1993. To implement this policy as revised on April 1, 2003, a Safe Environment Plan has been established in order to:

- provide a safe and secure environment for the children and youth in the faith communities within our Diocese of Gary
- assist the Diocese in evaluating a person's suitability to work with children, youth or the elderly
- satisfy the concerns of parents and staff members with a screening process
- provide a system to respond to the victims and their families, as well as the accused
- reduce the possibility of false accusations against clergy, employees, and volunteers
- reduce the risk exposure of the parishes and the Diocese of Gary

Purpose:

This policy applies to the programs that provide specific training in the prevention, recognition and reporting of child abuse that are developed and/or offered by the Diocese and is

- a. **Required** of all Diocesan personnel and volunteers directly involved or in contact with children
- b. **Required** of all children and youth who participate in activities, services and programs under the auspices of the Dioceses and
- c. **Recommended** of parents and other adults who participate or have children who participate in activities, services and programs under the auspices of the Diocese.

The objective of these programs is to prevent, recognize and appropriately report child abuse through educational programs, such as seminars, workshops and meetings, provided by the Diocese and completed by all Diocesan personnel who have substantial contact with children, on an annual basis.

Procedure:

1. All Diocesan personnel will be given the following documents to read:
 - a. "Sexual Misconduct Toward Minors and Others at Risk"
 - b. "Safe Environment Plan"
 - c. "Practical Guidelines for a Safe Environment for Our Youth"

2. All Diocesan personnel will be given a statement to sign to verify that the above documents have been given to them and have been read.
3. The following Diocesan personnel shall participate in a Virtus training session, **"Protecting God's Children"** program, a Safe Environment awareness session about the nature and scope of the problem of child sexual abuse in our society:
 - a. All active priests, deacons and members of religious communities in the Diocese of Gary
 - b. All principals, administrative staff, teachers, guidance counselors, librarians, all volunteers and staff at all levels, including aides, janitors, food service workers, school nurses, and office personnel of all Catholic elementary, middle and high schools
 - c. All directors, catechists, staff, and volunteers of religious education programs and youth ministry programs
 - d. All Diocesan personnel providing child care services
 - e. All youth ministry coordinators, directors/coaches of children's activities (e.g., athletics, scout troops, choir, camp counselors, etc.) and similar Diocesan personnel who provide such services.
4. This requirement must be met at the earliest possible date and no later than **sixty (60) days** following the assumption of their duties and any contact with children. A list of Virtus training sessions offered in the diocese is available from the diocesan website, www.dcgary.org.
5. Additionally, after the completion of the Virtus training session, you are required to continue online training by registering with Virtus (www.virtusonline.org) and reading a monthly bulletin delivered to your individual Virtus account. The Diocese of Gary requires 24 online training bulletins.
6. Pastor/parochial administrators, principals and agency directors will ensure that all personnel required to receive training do so within the requisite time period or are removed from contact with children for failure to attend appropriate training programs. Parishes, schools and agency offices will maintain lists of those who have completed the training requirement.

Application:

The Superintendent of Schools, the Director of Religious Education, and the Youth Director will ensure that age-appropriate abuse prevention education programs are available at both the elementary (K-8th grade) and secondary (9th-12th grade) levels. Each school, religious education program and youth program is required to submit the curriculum to the School Office.

Such programs shall be provided annually to children in all grades of every Catholic school and religious education programs as well as youth ministry programs in the Diocese.

Screening Procedures:

The following screening procedures are to be used with all clergy, staff, and volunteers who work with children, youth, senior citizens or the developmentally disabled. All collected information is to be treated as confidential.

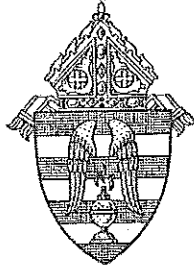
- Screening. Volunteers should have attended the parish an adequate length of time to become well known by the other adults and leaders.
- Employment application. Those applying for a paid position must complete an employment application.
- Reference check. Maintain a written record of each reference check.
- Interview. Interview each new applicant.
- Criminal Background Check. Conduct a criminal background check on clergy, staff, and volunteers who work with children, youth, senior citizens, or the developmentally disabled.
Criminal background checks will be completed every five years on active clergy, staff, and volunteers.
- If the person hired has not lived in Indiana in the past five (5) years, the parish or applicant must pay for a national background check. Contact the Schools Office for the information.

Results of Criminal Background Checks:

- When the criminal background check on a candidate is clear, the pastor will be notified that everything is fine.
- A questionable criminal background check will be reviewed by the Safe Environment Committee. The Pastor will receive the committee's decision of whether or not the individual is cleared.
- Anyone with a pending conviction or who has been convicted of sexual misconduct will not be permitted to work or volunteer in a Diocesan sponsored environment.

Confidentiality:

Like all personal records, information obtained through the Screening, Application, Reference, Interview, and Criminal Background Check must be kept confidential. It is recommended that all material be kept in a locked file cabinet and access to it is restricted to administrators. These materials should be destroyed after three years of the employees' employment is terminated or the volunteer ceases his/her volunteer duties.



Diocese of Gary
Fingerprint Screening/Expanded Criminal Check Policy
Effective July 1, 2009

Purpose:

The Diocese of Gary Office of Catholic Schools has a vital interest in the safety and well-being of our employees and the public that we serve. The Diocese of Gary believes that hiring qualified individuals to fill positions contributes to the overall strategic success of our ministry. Background checks serve as an important part of the selection process at the Diocese of Gary. This type of information is collected as a means of promoting a safe work environment for current and future employees and students. Background checks also help obtain additional applicant related information that helps determine the applicant's overall employability, ensuring the protection of the current people, property, and information of the organization.

Application:

It is the Office of Catholic School's intent to continue to promote a safe and secure work environment, free of employees with felony convictions under IC 20-28-5-8. A policy of zero tolerance is observed. The Diocese of Gary conducts background checks inclusive of the electronic fingerprinting (Live Scan) process on job applicants applying for positions within any school.

Policy and Procedure:

All applicants and newly hired teachers will be responsible for a negative expanded pre-employment criminal history background check inclusive of the electronic fingerprinting (Live Scan) process in compliance with HEA 1462 prior to beginning a teaching position within the Diocese of Gary Catholic Schools.

The Diocese of Gary Office of Catholic Schools, in accordance with the Diocese of Gary Safe Environment Policy, conducts Indiana and national (according to policy) background checks on all clergy, staff, faculty, volunteers, substitutes, and teacher applicants. This is in addition to the Indiana Dept. of Education's implementation of a requirement for an expanded criminal history check on all applicants and new hires, certified and non-certified (teacher and lunch room aides, maintenance staff, etc.), for school employment, Indiana Code 20-26-5-10, effective

July 1, 2009. The definition of "expanded criminal history check" found at IC 20-26-2-1.5, includes a search of records from all Indiana counties in which the applicant resided, all counties in other states in which the applicant resided, and the national sex offender registry or the sex offender registries of all fifty (50) states; or a national criminal history background check and a search of the national sex offender registry or the sex offender registries of all fifty (50) states.

Applicants will assume the combined cost of the fingerprint service, and the ISP/FBI background check, which is approximately \$39.45. Applicants will be required to obtain a background check once during a five-year period. During the five year validity period of the expanded criminal check, each school employer will annually check all employees against the public sex offender and violent offender registries at no cost to employees.

The Dept. of Education is working with the Indiana State Police (ISP) and its live-scan fingerprint vendor, IdentoGo. IdentoGo provides an electronic fingerprint processing service. Enrollment centers are being established throughout the state to capture applicants' fingerprints and identifying information, submitting them electronically to the Indiana State Police (ISP) for processing. Special automation has been implemented as a part of this contract to speed the processing and result issuance process. These enhancements will provide the results to transactions in a matter of hours, instead of days and weeks.

Applicants for employment can register online through IdentoGo to schedule a fingerprint appointment at one of 63 fingerprinting locations around the state. There are 8 locations in the Northwest Region at this time.

Fingerprints are run through both the Indiana State Police Automated Fingerprint Identification System (AFIS) and the FBI's Integrated Automated Fingerprint Identification System (IAFIS).

Reporting:

The Catholic Diocese of Gary will comply with all regulations of reporting teachers and other school employees who are convicted of one or more of the 19 felonies listed at IC 20-28-5-8.

Once the results of the fingerprint scan are received by the Schools Office, and if negative, you will be notified by your principal when you can sign your contract of employment.

L-1 Identity Solutions Locations for Northwestern Region

Appointments are required at all locations.

Call toll-free 877-472-6917

Or schedule online at
www.l1enrollment.com

DIocese of Gary 2017-2018

ELEMENTARY SCHOOLS

CHESTERTON St. Patrick School	640 N. Calumet Road	Chesterton	46304-1502	926-1707	PK-8	Mr. Rick Rupcich
CROWN POINT St. Mary Catholic Community School	405 E. Joliet Street	Crown Point	46307-4068	663-0676	PK-8	Mr. L. Thomas Ruiz
EAST CHICAGO St. Stanislaus School	4930 Indianapolis Boulevard	East Chicago	46312-3605	398-1316	PK-8	Mrs. Jackie Ruiz
GRIFFITH St. Mary School	525 N. Broad Street	Griffith	46319-2225	924-8633	PK-8	Mrs. Rebecca Maskovich
HAMMOND St. Casimir School	4329 Cameron Avenue	Hammond	46327-1358	932-2686	PK-8	Mr. Matt Chico
St. John Bosco School	1231 - 171st Place	Hammond	46324-2417	845-6226	PK-8	Mr. Mark Kielbania
HIGHLAND Our Lady of Grace School	3025 Highway Avenue	Highland	46322-1799	838-2901	PK-8	Mr. Mark Topp
MERRILLVILLE Aquinas School at St. Andrew's	801 W. 73rd Avenue	Merrillville	46410-3811	769-2049	PK-8	Mrs. Lisa Gutierrez
MICHIGAN CITY Notre Dame Catholic School	1000 Moore Road	Michigan City	46360-1887	872-6216	PK-8	Mrs. Natasha Magnuson
Queen of All Saints School	1715 E. Barker Avenue	Michigan City	46360-5336	872-4420	PK-8	Ms. Marie Arter
St. Stanislaus Kostka School	1506 Washington Street	Michigan City	46360-4326	872-2258	PK-8	Mr. Chris Evans
MUNSTER St. Thomas More School	8435 Calumet Avenue	Munster	46321-2595	836-9151	PK-8	Mr. Jay Harker
PORTAGE Nativity of Our Savior School	2929 Willowcreek Road	Portage	46368-3519	763-2400	PK-8	Mrs. Sally Skowronski
ST. JOHN St. John the Evangelist School	9400 Wicker Avenue	St. John	46373-9768	365-5451	PK-8	Ms. Brienne Oliver
SCHERERVILLE St. Michael School	16 W. Wilhelm Street	Schererville	46375-1941	322-4531	PK-8	Ms. Colleen Kennedy
VALPARAISO St. Paul Catholic School	1755 W. Harrison Blvd.	Valparaiso	46385-7018	462-3374	KDG-8	Mrs. Jane Scupham
WHITING St. John the Baptist School	1844 Lincoln Avenue	Whiting	46394-1532	659-3042	PK-8	Mr. Scott Tabernacki

SECONDARY SCHOOLS

Andean High School	5959 Broadway	Merrillville	46410-2681	887-5281	9-12	Dr. Tony Bonta
Bishop Noll Institute	1519 Hoffman Street	Hammond	46327-1764	932-9058	9-12 President	Mrs. Lorenza Pastrick Mr. Paul Mullaney
Marquette Catholic High School	306 W. 10th Street	Michigan City	46360-4098	873-1325	9-12	Mr. James G. White

DIocese of Gary School's Office

Director of Catholic Schools	9292 Broadway	Merrillville	46410-7088	769-9292 x. 233		Dr. Joseph Majchrowicz
Assistant Director of Cath. Sch.	9292 Broadway	Merrillville	46410-7088	769-9292 x. 234		Tim Pivarnik
Schools Specialist	9292 Broadway	Merrillville	46410-7088	769-9292 x. 232		Marilyn Tomko