



CHILD CARE
FINGERPRINT APPLICANT INFORMATION
& CRIMINAL/JUVENILE HISTORY DISCLOSURE FORM

Note to Applicant: Failure to answer all the questions may delay your application. Call the Cognant Systems Call Center at 1-877-862-2425 or log on to <http://www.tennessee.gov/dhs> to register - be prepared to provide the information on this form to the Call Center or online when you register. You must bring a valid state or federal photo ID (drivers license, passport, military ID) and this Disclosure Form to your fingerprint appointment. The fingerprint technician must sign this form after you have submitted your fingerprint sample, and you must return the signed Disclosure Form to the provider.

DHS ORI #: TN DHS 0002
TRANSACTION TYPE - DT

Name of Agency: _____

Full Provider ID (PEIN) # (including extension / suffix): _____

Street Address of Agency: _____

Start Date & Position Verification (information in this box to be completed by the agency director):

Will the duties of the person identified in Part 1 include driving for the agency? Yes No

Prospective Start Date ____ / ____ / ____

Position: _____

I acknowledge that the law requires a fingerprint application to be submitted for this individual and attest that the information within this box is accurate.

Agency Director Signature _____ Date _____

Fingerprint Date: ____ / ____ / ____

Part 1 Applicant Information:

Last Name _____

First Name _____

Full Middle Name _____

Please list any other names you have ever used, including maiden names: _____

Date of Birth _____

Place of Birth (City, State) _____

Social Security Number _____

Driver's License # _____ State of Issue _____

Home Address _____

City _____ County _____

State _____ Zip Code _____

Daytime Phone _____

Alternate Phone _____

List work history for the last five (5) years. If you need more space, use a separate sheet of paper.

Employer Name	From	To	Your Position

Continued On Back Side

Part 2 Information for Criminal/Juvenile Records Search:

Name	Height	Weight	SSN

Circle Codes That Apply

Hair Color	Eye Color	Race	Sex
Bald	Black	White	Male
Black	Blue	Black	Female
Brown/Strawberry	Brown	Astian/Pacific Isl	M
Brown	Gray	Am. Indian/Alaskan	F
Gray/Part Gray	Green	Hispanic	
Red/Auburn	Hazel		
Sandy	Red		
White	SDY	Maroon	
	WHI	MAA	
		PNK	

Part 3 Additional Questions:

The penalty for falsification of the information required on this form is criminal prosecution and can result in a jail sentence of up to eleven (11) months and twenty-five (25) days or a fine of up to twenty-five hundred dollars (\$2,500), or both. Employment with the agency depends upon the outcome of the criminal/juvenile history check and the abuse registry check. This means that if a criminal or juvenile history review determines that you have been convicted, or have pled guilty or no contest to certain crimes, or a juvenile court has found that you committed an offense that would be a crime if you were an adult, or there are pending criminal or juvenile charges, or you are indicated on the abuse registry, you will not be able to be employed in the agency.

You must answer the following questions even if your records, including juvenile records, were sealed or otherwise cleared or if anyone, including a judge, law enforcement, or attorney, told you that you no longer have a record.

- Have you **EVER**:
1. Been arrested, cited, or detained by any law enforcement officer (including military officers)? Yes No
 2. Been charged with committing any crime or offense as a juvenile or adult? Yes No
 3. Been convicted/found to have committed, pled guilty or pled no contest to any crime or juvenile offense? Yes No
 4. Been placed in an alternative sentencing or rehabilitative program as a juvenile or adult (For example: diversion, deferred prosecution, withheld adjudication)? Yes No
 5. Received a suspended sentence, been placed on probation, or been paroled? Yes No
 6. Been in jail, Prison, or Juvenile or Youth Detention Facility? Yes No
 7. Been charged with DUI or DWI? Yes No
 8. Been included on an abuse registry or sex offender registry? Yes No
 9. Been charged with violation of an order of protection? Yes No

If you answered "YES" to any of questions 1 through 9, you must complete the following table: (if you need more space, use a separate sheet)

Why were you arrested, cited, or charged	Date	Location	Outcome or disposition

I certify, under penalty of law, that the information I have provided is complete and accurate. I authorize the release of any adult criminal or juvenile offense or any abuse registry records, or any information in the records, and any disclosures made in this form, to the agency at which I will be employed and to the Department of Human Services and any person or entity it may designate to assist in the review of my criminal/juvenile or abuse registry history.

Applicant Signature _____

Date _____

Fingerprint Technician Signature (or initials) _____

Date _____

REFERENCE QUESTIONNAIRE

TO: _____
FROM: _____
DATE: _____

CONFIDENTIAL

Your name was given as a reference by _____ who has applied for a position of _____ in the _____. As a condition of employment, any applicant/employee must have on file a record of 3 reference contacts. Please complete the questionnaire and return it as soon as possible in the enclosed envelope. I will be contacting you to confirm your statements. Thank you for your attention to this matter.

1. How long have you known the applicant? _____ In what capacity? (your relationship) _____
2. Have you observed him/her with children? _____ If so, in what situations? _____

3. How do you feel about his/her emotional and physical ability to handle the responsibilities involved in providing daily child care? _____

4. What particular skills does he/she have in dealing with children? _____

5. Does he/she understand the needs of young children? _____
6. Do you have concerns about his/her ability to provide child care? If so, explain.

7. Do you know of any conditions making this applicant/employee unsuitable for employment in a child care center? If so, please describe. _____

8. Additional Comments: _____

Signature _____ Daytime phone number _____ Date _____

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9. Other Experience with Young Children: (Up to age 9.)

Place	Purpose/Job	Dates	Contact Person

10. References: (List at least 3 non-relative references, including all former employees, and other character and business references. Use separate sheet if necessary.)

Name/Title	Address	Phone Number	How Long Known

11. Declarations:

- A. Have you ever been under investigation for neglect or abuse of children or for any sexual offense(excluding any charges that were fully cleared)?
 Yes No
- B. Have you ever been convicted of a felony including any involving a suspended sentence?
 Yes No
- C. Have you ever been convicted of or pled guilty to any offense involving the manufacture, sale, distribution, or possession of an illegal substance?
 Yes No
- D. If you answered yes to A, B, or C, describe the offense, where it occurred, and when:

TCA § 71-3-529 states that "each person applying to work with children as a volunteer or as a paid employee with a child welfare agency as defined in § 73-3-501...may complete an application on a form prescribed or approved by the Department (of Human Services)... It is unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information. The Department, in cooperation with the Tennessee Bureau of Investigation, may...verify the accuracy of the criminal violation information."

TCA § 71-3-533 states that "a child welfare agency...may require all persons applying to work with children in any capacity...to agree to the release of all investigative records...for the purpose of verifying the accuracy of criminal violation information contained on an application to work or volunteer, and supply a fingerprint sample and submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigation."

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above in #6 - #10, as well as all investigative agencies and the Tennessee Bureau of Investigation, to be contacted for the expressed purpose of pre-employment screening.

Date

Applicant's Signature