



Fingerprint Registration Website & Call Number: <http://www.identogo.com> 1-855-226-2937

**IF YOU FALSIFY INFORMATION ON THIS FORM,
YOU WILL BE SUBJECT TO CRIMINAL PROSECUTION**

Note to Applicant: Log on to www.identogo.com or call 1-855-226-2937 to register and schedule an appointment to provide your fingerprint sample. Be prepared to provide the information on this form when you register online or by phone. You must bring a valid state or federal photo ID (driver's license, passport, military ID). The fingerprint technician will give you a receipt after you have submitted your fingerprint sample, and you must return this receipt to the agency. The agency must attach the receipt to this form, which must be filed with the agency's staff records.

DHS ORI #: TN DHS 000Z
TRANSACTION TYPE - DT

Name of Agency: Nolan

Full Provider ID (FEIN) # (including extension / suffix):
020505514504

Street Address of Agency: _____

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

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 _____

TCN # (from receipt): _____

Fingerprint Date: ____/____/____

Part 1 Applicant Information:

Last Name _____

First Name _____

Full Middle Name _____

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

Date of Birth _____

Place of Birth (City, State) _____

Social Security Number _____

Home Address _____

City _____ County _____

State _____ Zip Code _____

Daytime Phone _____

Alternate Phone _____

For Drivers ONLY

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

If yes, please provide the following:
Driver's License # _____ State of _____

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

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Part 2 Information for Criminal/Juvenile History background check and State Registry Review:

Name	Height	Weight	SSN

1

Hair Color	Eye Color	Race	Sex
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Part 3 Additional Questions:

Employment with a child care agency depends upon the outcome of the criminal/juvenile history background check and state registry reviews. This means that if a criminal or juvenile history background check 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 an excludable crime if you were an adult, or if you have certain pending criminal or juvenile charges, or you are indicated on the **Department of Children’s Services indicated abuse perpetrator Registry, the Department of Health’s Vulnerable Persons Registry, the Tennessee Bureau of Investigation’s Sexual Offender Registry**, you will not be able to **work in, volunteer at, provide substitute services to, reside in, or have any access whatsoever to 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 officer, or lawyer, 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 police)? Yes No
2. been charged with committing any crime or offense as a juvenile or an 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 arrested for, charged with, convicted/found to have committed, pled guilty or pled no contest to DUI or DWI? Yes No
5. been placed in an alternative sentencing or rehabilitative program as a juvenile or an adult (For example: diversion, deferred prosecution, withheld adjudication)? Yes No
6. received a suspended sentence, been placed on probation, or been paroled? Yes No
7. been in jail, prison, or a juvenile/youth detention facility? Yes No
8. been charged with the violation of an order of protection? Yes No
9. been listed on the TBI sexual offender registry or sexual offender registry in any other state? Yes No
10. been listed in the TN Department of Health vulnerable persons registry? Yes No
11. been listed on the TN Department of Children’s Services’ indicated abuse perpetrator registry for abuse or neglect? Yes No

You must complete the following table if you answered “YES” to any of the questions in 1 through 11 of Part 3 above: (if you need more space, please use a separate sheet)

What was the criminal charge, juvenile offense, or registry listing?	Date	Location	Outcome or disposition

Please explain any circumstances that should be considered in determining whether to allow you to **work in, volunteer at, provide substitute services to, reside in, or have any access whatsoever to the center/agency :**

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-nine (29) days or a fine of up to twenty-five hundred dollars (\$2500), or both.

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

Note: Please see information about the privacy rights of noncriminal justice applicants on the next page.