



**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 Cogent Systems Call Center at 1-877-862-2425 or log on to <http://www.tennessee.cogentid.com> 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 000Z TRANSACTION TYPE - DT													
Name of Agency: _____													
Full Provider ID (FEIN) # (including extension / suffix): <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
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 <input type="checkbox"/> No <input type="checkbox"/>													
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	BAL	Black	BLK	White	W	Male	M
Black	BLK	Blue	BLU	Black	B	Female	F
Blond/Strawberry	BLN	Brown	BRO	Asian/Pacific Isl	A		
Brown	BRO	Gray	GRY	Am. Indian/Alaskan	I		
Gray/Part Gray	GRY	Green	GRN	Hispanic	H		
Red/Auburn	RED	Hazel	HAZ				
Sandy	SDY	Maroon	MAR				
White	WHI	Pink	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-nine (29) days or a fine of up to twenty-five hundred dollars (\$2500), 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 _____