



Helping shape Tennessee lives.



**CHILD CARE  
FINGERPRINT SAMPLE  
REGISTRATION/  
CRIMINAL /JUVENILE HISTORY  
& STATE REGISTRY REVIEW  
DISCLOSURE FORM**



**1-877-862-2425**

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

**Note to Applicant:** Failure to answer all of the questions on this form may result in the rejection of your application. Call the Cogent Systems Call Center at 1-877-862-2425 or log on to <http://www.tennessee.cogentid.com> to register for an appointment to provide your fingerprint sample – 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 appointment to provide your fingerprint sample. The fingerprint technician must sign this form after you have submitted your fingerprint sample, and you must return this signed Disclosure Form to the agency/center at which you are applying to be an employee, resident, volunteer, or caretaker.

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

Name of Agency:

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

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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 name: \_\_\_\_\_  
\_\_\_\_\_

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 History background check and State Registry Review:**

Name	Height	Weight	SSN

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 be **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 gross neglect? Yes     No

**If you answered “YES” to any of questions 1 through 8, you must complete the following table: (if you need more space, please use a separate sheet)**

What was the criminal charge or juvenile offense?	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

Fingerprint Technician Signature (or initials) \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_