

Tennessee Baptist Children's Homes, Inc.
Background Authorization Instructions

1. Felony and Sex Offense Form

- a. Print full legal name of applicant
- b. Social Security No.
- c. Answer questions 1 – 3. Include description for all yes answers.
- d. Read, sign and date

2. Blue Line Investigations Disclosure & Authorization – Carefully read the form in its entirety. Complete bottom section located underneath the bold line. Please print and write legibly with black ink only.

3. Blue Line Investigations Consumer Report Order Form – Complete Section A: Consumer/Applicant/Employee Information only. Please print and write legibly with black ink only.

4. Fingerprint Application – Follow the instructions in the box at the top of the form.

Return completed forms to TBCH via fax @ 615-377-8521 using the Background Authorization Fax Cover Sheet provided.

Contact our Human Resource Specialist @ 615-376-3164 or HR@tennesseechildren.org if you have questions on completing these forms.

Tennessee Baptist Children's Homes, Inc.

Fax Number – 615-377-8521

CONFIDENTIAL INFORMATION

Please notify the Human Resource office at

615-376-3164

that confidential information has been sent.

**TENNESSEE BAPTIST CHILDREN'S HOMES, INC.
FELONY AND SEX OFFENSE FORM**

Complete Name of Applicant

Social Security No.

1. TENNESSEE BAPTIST CHILDREN'S HOMES, INC. is required by the Tennessee Child Abuse Law (TCA 14-10-129) to inquire if you have ever Been convicted of a felony (including a suspended sentence).

Yes _____ No _____ If yes, please describe. _____

2. Is or has anyone living in your home ever been under investigation for any Sexual offense (excluding any charges which were fully cleared)?

Yes _____ No _____ If yes, please describe _____

3. Have you ever been under investigation for any sexual offense (excluding any Charges which were fully cleared)?

Yes _____ No _____ If yes, please describe _____

Falsification of required information may subject the person to criminal prosecution.

It shall be 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 Tennessee Department of Human Services, in cooperation with the Tennessee Bureau of Investigation, shall, by accessing the computer criminal registry files maintained by the Tennessee Bureau of Investigation, enter the social security number and the name of such applicant to verify the accuracy of the criminal violation information. If the Department finds such information has been falsified on the application, the Department shall notify the appropriate District Attorney of such violation. (Act 1985, Chapter 478, Section 27).

Signature of Applicant

Date

BLUE LINE INVESTIGATIONS

6025 Stage Road, Suite 42-146
Bartlett, Tennessee 38134
Phone: 901-266-7100 Fax: 901-266-7121
Web: BlueLineInvestigations.net
"Investigating Their Past to Secure Your Future"

Disclosure & Authorization

Disclosure Regarding Consumer and/or Investigative Report

The **employer/company**, _____, (henceforth known as "employer") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report and/or investigative report". Such consumer report may include information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The scope of the consumer/investigative report may include but is not limited to, the following areas: criminal history records, sex offender's list, abuse registry, wants and warrants records, motor vehicle records, educational/employment verification, license verification, credit history, social security verification, civil cases, worker's compensation claims, OIG/GSA, OFAC/patriots act, any sanction list, FBI fingerprinting and drug testing. The employer, may obtain consumer reports and investigative reports now and throughout the course of your employment. You have the right upon written request to receive a copy of your consumer report(s). If an "investigative report" has been obtained, you also have the right to a description of the nature and scope of the investigation.

Acknowledgment and Authorization for Background Check

By signing below, I acknowledge receipt of the "Disclosure Regarding Consumer and/or Investigative Report". I also certify that I have received a copy of "A Summary of Your Rights under the Fair Credit Reporting Act".

I understand by signing below, that I am authorizing Blue Line Investigations, 6025 Stage Road, Bartlett TN 38134 (901) 266-7100, www.bluelineinvestigations.net and/or its Agents to obtain any and all consumer reports as listed in the above "Disclosure". Said consumer reports shall be made for the purpose of employment, promotion, reassignment or retention as an employee. I authorize any law enforcement agency, administrator, local, state or federal agency, institution, school or university, information service bureau or employer to furnish any and all background information requested by Blue Line Investigations. I hereby agree that a telephonic facsimile (fax) or photographic copy of this document shall be valid as an original.

California, Minnesota and Oklahoma Applicants: please mark this box to have a copy of your consumer report mailed to you.

PLEASE PRINT AND WRITE LEGIBLY WITH BLACK INK ONLY

Name: _____ Date of Birth: ____/____/____

Signing Date: ____/____/____

Signature: _____

**PLEASE RETAIN
FOR YOUR RECORDS**

*This form is not meant to provide legal advice of any kind; legal advice should be sought from your legal counsel.
Blue Line Investigations does not guarantee the legal appropriateness of this document.*

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Consumer Report Order Form

Submission Methods:

Fax: 901-266-7121

Upload: <https://www.bluelineinvestigations.net/upload.aspx>

Company Name: _____

Enter Company Name

SECTION A: Consumer/Applicant/Employee Information

PLEASE PRINT AND WRITE LEGIBLY WITH BLACK INK ONLY

Name & Variations:

Name: _____
list akas/maiden names/nicknames used within search scope checked below

Name Variation: _____

Name Variation: _____

Name Variation: _____

Required Search Identifiers:

Date of Birth: ____/____/____

Social Security Number: ____ - ____ - ____

Drivers License#: _____ State: ____

Exact Name As Shown On Drivers License: _____

Current Address _____ State _____ City _____ Zip _____ From: ____ year To: ____ year

Previous Address _____ State _____ City _____ Zip _____ From: ____ year To: ____ year

Previous Address _____ State _____ City _____ Zip _____ From: ____ year To: ____ year

Previous Address _____ State _____ City _____ Zip _____ From: ____ year To: ____ year

SECTION B: To Be Completed By Requestor/End User

Please indicate which services you want by putting "x" in the appropriate box. Unless otherwise notified, Blue Line Investigations will order the following services based on the information supplied in section A.

Please Check Search Scope: _____ 10 Year Search History _____ 7 Year Search History

- County Criminal Background - Felony/Misdemeanor
- Federal Criminal - U.S. District Court(s)
- Workman's Compensation: _____
State Abbreviation

Criminal Database Search Options

- Nationwide
- Single State: _____
State Abbreviation

Sex Offender Registry Search Options

- Nationwide
- Single State: _____
State Abbreviation

Drug Testing Options

- Urine Instant - (Choose Panel) 5 6 9 10
- Urine Lab - (Choose Panel) 5 6 9 10

- Social Security Number Verification
- Credit Report
- Motor Vehicle Report (MVR)
- Global Watch (OFAC)
- Healthcare Providers Report (OIG)
- State Repository
- Employment Verification
- Education Verification

Visit our website bluelineinvestigations.net for definitions and details of each search, you can also find a complete list of our pre-employment screening services.

Thank
for choosing 
Blue Line Investigations

Tennessee Baptist Children's Homes, Inc.
Fingerprint Application
Employment _____ or Volunteer _____

Instructions:

Complete the information below. **Please print legibly.** Items marked with an * are required.

Applicant Name:

Prefix	First Name*	Middle Name	Last Name*	Suffix
_____	_____	_____	_____	_____

Applicant Alias or Maiden Name:

Prefix	First Name	Middle Name	Last Name	Suffix
_____	_____	_____	_____	_____

Applicant Home Address:

Number*	Street Name*
_____	_____

Unit Designator	City*	State*	Zip*
_____	_____	_____	_____

Country*
United States

Methods of Contact

Daytime Phone Number *	Daytime Phone Type*	Evening Phone #	Evening Phone Type
_____	_____	_____	_____

Daytime Email*

Preferred Contact Method*	Preferred Contact Time*
_____	_____

Applicant Demographic Data

Date of Birth (MMDDYYYY)*	Gender*	Height*	Weight*	Race*
_____	_____	_____	_____	_____

Hair Color*	Eye Color*	Place of Birth*	Citizen Country
_____	_____	_____	<u>United States</u>

Social Security #*	Driver's License Number*
_____	_____