

**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](mailto: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.*

## 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"

## 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](http://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*	<u>United States</u>			

**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*			
_____	_____			

# EMPLOYMENT APPLICATION

TENNESSEE BAPTIST CHILDREN'S HOMES, INC.  
P.O. BOX 2206, BRENTWOOD, TENNESSEE 37024

NOTE: Please print in ink or type.

Name (Last, Middle, First)												Email Address												Application Date															
Street Address												City, State, Zip Code																											
Telephone Number						Other Telephone where you may be reached						Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No						Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No						If not a citizen, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Position or Type of Work Desired												Minimum Salary Acceptable \$ _____ per												Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>						Date Available for Work									
CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12												College 1 2 3 4				Other																							
SCHOOL NAME, CITY, AND STATE												No. Yrs. Attended				Major						Minor						Cumulative GPA						Degree					
High School																																							
College																																							
College																																							
Graduate School																																							
Seminary																																							
Trade or Correspondence																																							
Other Training																																							
Courses in School of Particular Interest												Office Held or Honors Received																											
School Activities in Which you Participated (High School, College, Other)																																							
Are you attending school now? <input type="checkbox"/> Yes <input type="checkbox"/> No						Name of School and Location																																	

Have you served in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Service (Month & Year) From                      To	Branch of Service
Do you have reserve or Nat'l Guard Obligations?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of duties in the service including special training	
Professional Organizations, Hobbies, Recreational Activities:		
Computer Software Which You Have Had Experience or Training <input type="checkbox"/> Microsoft Windows <input type="checkbox"/> WORD <input type="checkbox"/> EXCEL <input type="checkbox"/> POWERPOINT <input type="checkbox"/> ACCESS <input type="checkbox"/> BLACKBAUD Other:_____		
Areas in Which You Have Had Experience or Training <input type="checkbox"/> Secretarial <input type="checkbox"/> Receptionist <input type="checkbox"/> Photography <input type="checkbox"/> Typing_____WPM <input type="checkbox"/> Education <input type="checkbox"/> Maintenance <input type="checkbox"/> Social Work <input type="checkbox"/> Administration <input type="checkbox"/> Accounting <input type="checkbox"/> Supervision <input type="checkbox"/> House Parent <input type="checkbox"/> Art/Design <input type="checkbox"/> MAPP <input type="checkbox"/> Counseling <input type="checkbox"/> Other _____		

Name of Character Reference (Pastor-include Church name)	Address, City, State, Zip Code  Email Address:	Telephone #	Yrs. Known
Name of Character Reference (Not Relative or Former Employer)	Address, City, State, Zip Code  Email Address:	Telephone #	Yrs. Known
Name of Character Reference (Not Relative or Former Employer)	Address, City, State, Zip Code  Email Address:	Telephone #	Yrs. Known
Name of Character Reference (Not Relative or Former Employer)	Address, City, State, Zip Code  Email Address:	Telephone #	Yrs. Known

<b>All employees must be a member of an evangelical Christian church --- Please list your local Church Membership, Address, Phone number and how long you have been a member:</b>



## LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

Name of Company		Address/City/State/Zip		Email Address	
Position	Dates Employed (Month/Year) From                      To	SALARY Beginning                      Ending \$                                      \$		Immediate Supervisor (include telephone #)	
Duties You Performed					
Major Accomplishments in this Job					
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If now employed, why do you wish to make a change? If not employed, reason for leaving last job.			

  

Name of Company		Address/City/State/Zip		Email Address	
Position	Dates Employed (Month/Year) From                      To	SALARY Beginning                      Ending \$                                      \$		Immediate Supervisor (include telephone #)	
Duties You Performed					
Major Accomplishments in this Job					
Reason for leaving					

  

Name of Company		Address/City/State/Zip		Email Address	
Position	Dates Employed (Month/Year) From                      To	SALARY Beginning                      Ending \$                                      \$		Immediate Supervisor (include telephone #)	
Duties You Performed					
Major Accomplishments in this Job					
Reason for leaving					

  

Name of Company		Address/City/State/Zip		Email Address	
Position	Dates Employed (Month/Year) From                      To	SALARY Beginning                      Ending \$                                      \$		Immediate Supervisor (include telephone #)	
Duties You Performed					
Major Accomplishments in this Job					
Reason for leaving					

The unique and special nature of the TENNESSEE BAPTIST CHILDREN'S HOMES, INC., requires all employees to manifest conduct and actions which project an image consistent with the expressed purpose and mission of the Tennessee Baptist Children's Homes and that of the Tennessee Baptist Convention (TBC). The TBC is comprised of member Tennessee Baptist churches which regard TBCH and the TBC as organizations of influence based upon the values of trust and respect. It is, therefore, imperative that employees of Tennessee Baptist Children's Homes favorably represent TBCH and the TBC.

Conduct which brings embarrassment to TBCH or TBC or impedes their credibility either with member churches and/or the general public is unacceptable. Conduct or other actions which are inconsistent with that normally expected of Tennessee Baptists and other Christians are unacceptable. Therefore, conduct or other actions which are perceived as inconsistent with the beliefs, faith and mission of Tennessee Baptists are unacceptable. Examples of such conduct are involvement with alcohol, illegal drugs, tobacco products, pre-marital sex or extramarital sex, cohabitation apart from the marriage relationship, homosexuality and outside interests and pursuits which would normally be considered incompatible with the mission of TBCH and that of the TBC.

Tennessee Baptist Children's Homes has not only the right, but also the responsibility to do everything possible to insure that the stated purpose and mission of TBCH and that of the TBC continue in the highest tradition and are not harmed or impeded by unacceptable behavior on the part of employees of TBCH.

Consistent with this purpose, Tennessee Baptist Children's Homes policy is to insure that all applicant and employee behavior meets TBCH standards of acceptable conduct. As a part of this policy, an individual's current, past and future conducts are reviewed. Therefore, please respond accordingly to the inquiry below. A "yes" answer may not automatically disqualify you from further consideration for employment, as each individual's circumstances are reviewed.

Do you have, or have you had, any lifestyle, conduct, or activity which would project an image which could embarrass Tennessee Baptist Children's Homes or the TBC or impede their credibility with member churches and/or the general public as referred to above?

☐ YES      ☐ NO      If "yes," please explain:

Do you currently use either of the following?

Alcohol    ☐ Yes  
                 ☐ No

Illegal Drugs    ☐ Yes  
                         ☐ No

Have you ever been fired or otherwise asked to leave a job? If so, please explain:

Note: A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered.

Have you ever been convicted of a misdemeanor or felony?    ☐ Yes    ☐ No    If "yes," please explain:

Note: A "yes" answer does not automatically disqualify your from employment since the nature of the offense, date and type of job for which you are applying will be considered.

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?    ☐ Yes    ☐ No    If "yes," please explain:

Note: A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered.

Do you have any physical or mental health condition(s) or impairment(s) that could limit you from satisfactorily performing the job(s) for which you are applying?    ☐ Yes    ☐ No  
If "yes," please explain and indicate what type of job accommodations might be made to enable you to perform the job for which you are applying:

**TESTING:**

A battery of tests may be required of applicants before recommendation for employment.

Individuals with a disability who require accommodations to take required tests should inform the tester when contacted so needed accommodations can be made.

A drug/alcohol test is required after a conditional job offer has been made and before a potential employee begins work. The applicant's signature on the last page of this application indicates consent given for this testing.

Certain job classifications may require a medical examination after a conditional job offer has been made and before a potential employee begins work.

**UNEMPLOYMENT INSURANCE:**

Tennessee Baptist Children's Homes is not subject to the Tennessee Unemployment Insurance Laws and therefore unemployment benefits cannot be drawn based on wages earned at TBCH.

TBCH may have opportunity to share your application with other Tennessee Baptist agencies, boards, churches, associations, etc. Do you give permission for the application to be shared when applicable? ☐ Yes ☐ No

**PLEASE REVIEW YOUR ANSWERS CAREFULLY BEFORE SIGNING THE STATEMENT BELOW****IMPORTANT: Please read each paragraph carefully before signing.**

By my signature placed below, I affirm that the information provided in this employment application is true and complete. I understand that if employed, any false information or omissions shall be considered sufficient cause for dismissal without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered. I agree to immediately notify Tennessee Baptist Children's Homes if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending or during my period of employment, if hired.

I authorize the investigation of all statements contained in this application. I also authorize Tennessee Baptist Children's Homes to contact my present employer (unless otherwise noted in this application form), past employers and listed references and other references that might know of my qualifications for employment.

I authorize any person, school, current employer (except as previously noted), past employer(s) and organizations who might know of my qualifications for employment to provide Tennessee Baptist Children's Homes with relevant information and opinion that may be useful to TBCH in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

I understand that a background check, including fingerprinting, personal credit history, driving record and criminal and civil history records will be conducted prior to a job offer.

I understand that after a conditional job offer has been extended to me, but before I begin work, I will be given a drug/alcohol test. My signature on this application gives consent for this drug/alcohol test.

I understand and agree that, if hired, I may be required to submit to a drug/alcohol test if Tennessee Baptist Children's Homes determines it has a reasonable suspicion that I am using or under the influence of drugs or alcohol. I also understand and agree that, if hired, I may be required to submit to a search of my personal property if TBCH determines it has a reasonable suspicion of theft or possession of drugs, alcohol, weapons, or stolen property on TBCH property.

I understand that this application does not create a contract of employment and that if hired, my employment will be for an indefinite period of time. TENNESSEE BAPTIST CHILDREN'S HOMES ADHERES TO THE LEGAL DOCTRINE OF EMPLOYMENT AT WILL FOR ALL EMPLOYEES. THIS DOCTRINE STATES THAT EMPLOYMENT RELATIONSHIPS ARE FOR AN INDEFINITE TERM AND CAN BE TERMINATED AT ANY TIME "FOR GOOD CAUSE, FOR BAD CAUSE, OR FOR NO CAUSE AT ALL." I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

This application will be retained for 12 months, then destroyed. You may ask that it be retained an additional 6 months or reapply if you so desire. If employed, this Employment Application will become part of your permanent file.

Signature

Date

**SIGNATURE IS REQUIRED FOR APPLICATION TO BE COMPLETE**

Recent Employment Assessment

NOTE: Please assess yourself for each of the last two jobs held, including the current one. (Use only one sheet for each job.)

Name	Name of Company	Date Employed

1. What were the major activities you performed? Indicate which ones you did very well, and which most poorly.

2. What were your major accomplishments in this job?

3. What were your most acute problems in this job, and how did you deal with them?

4. Why did you leave this position (or wish to)?

5. What do you consider your major business strengths?

6. What qualities or skills do you need to develop further?

--

Recent Employment Assessment

NOTE: Please assess yourself for each of the last two jobs held, including the current one. (Use only one sheet for each job.)

Name	Name of Company	Date Employed

1. What were the major activities you performed? Indicate which ones you did very well, and which most poorly.

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4. Why did you leave this position (or wish to)?

5. What do you consider your major business strengths?

6. What qualities or skills do you need to develop further?

--

**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.**

**Resource Parent Medical Report**

Last Name		First Name		Middle Name or Initial	
Date of Birth		SS#		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address		City		State	
Language Spoken in the Home				Zip Code	

A complete family health history and current physical examination are required as an essential part of the evaluation of a family for the placement of a child.

**Special Needs or Disabilities**

**Current Medications & Dosage** (List all prescription and over-the-counter medications you are currently taking)

**Allergies** (medication, food, insect stings, etc) ☐ Yes ☐ No

**Specify**

**Special Diet**

**FAMILY HEALTH HISTORY** (Please check appropriate box of family member for all that apply)

	Father	Mother	Father's Parents	Mother's Parents	Siblings	Children
Heart disease/heart attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood/circulatory problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickle cell disease/trait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis/liver disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone/joint disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADHD/ADD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness (list type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Medical Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain any checked items

Name and ages of children

Are parents, siblings & children living ☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name, age at death and cause of death

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid. Int. \_\_\_\_\_

**Medical**

Do you have a regular medical provider ☐ Yes ☐ No

If yes, name of medical provider \_\_\_\_\_

Date of last visit \_\_\_\_\_

**MENTAL HEALTH**

Have you ever been treated or hospitalized for a mental illness or suicide thoughts/attempt ☐ Yes ☐ No

If yes, list dates and hospital \_\_\_\_\_

Have you had a psychological evaluation ☐ Yes ☐ No

If yes, list date and provider \_\_\_\_\_

**Alcohol/Drug History And Frequency**

☐ Alcohol \_\_\_\_\_

☐ Marijuana \_\_\_\_\_

☐ Barbiturates \_\_\_\_\_

☐ Amphetamines \_\_\_\_\_

☐ Huffing \_\_\_\_\_

☐ Hallucinogens \_\_\_\_\_

☐ Sedatives \_\_\_\_\_

☐ Steroids \_\_\_\_\_

☐ Tobacco \_\_\_\_\_

☐ Other \_\_\_\_\_

**Physical Exam (To be Completed by the Physician)**

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ Temp \_\_\_\_\_ Resp \_\_\_\_\_ B/P \_\_\_\_\_

Vision Right: 20/\_\_\_\_\_ Left: 20/\_\_\_\_\_ Hearing Right: ☐ Pass ☐ Fail Left: ☐ Pass ☐ Fail

Current Problems \_\_\_\_\_

Unclothed Physical Exam ☐ Partial ☐ Complete

	Normal	Abnormal	Comments
<b>General Appearance</b>			
Nutrition, activity level, hygiene, emotion, behavior	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Skin</b> - color, scars, eruptions, piercings, tattoos	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Head</b> - scalp, hair loss, injury	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Eyes</b> - redness, discharge, pupils	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Ears</b> - hearing, TMs, canals, foreign bodies	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Nose</b> - congestion, noisy breathing, discharge	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mouth/Throat</b> - palate, teeth, gums, mouth breathing	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Neck</b> - stiffness, thyroid	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Lymph nodes/Glands</b> - swelling, tenderness	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Lungs/Chest</b> - breath sounds, nipples	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Heart/Circulatory</b> - rate, rhythm, murmur	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Abdomen</b> - masses, tenderness	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Genitourinary</b>			
M: circumcision, testes, meatus, hernia, discharge			
F: swelling, discharge, lesions	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Musculoskeletal</b> - ROM, gait, coordination, scoliosis	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Neurological</b> - tremors, seizures, headaches	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Rectal exam</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Pelvic exam</b>	<input type="checkbox"/>	<input type="checkbox"/>	

Please disregard all previous versions prior to the date listed below. Always check "Forms" Website for most current version.

Distribution: Resource Home Case File



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid. Int. \_\_\_\_\_

TB Assessment Date/Results \_\_\_\_\_ OR ☐ TB (PPD) Date/Results \_\_\_\_\_

☐ CBC ☐ Metabolic Panel ☐ Cholesterol ☐ Urine Analysis ☐ VDRL/GC/Chlamydia ☐ Other \_\_\_\_\_

Applicant is free of communicable disease ☐ Yes ☐ No Explain if no \_\_\_\_\_

Specify any physical, mental, or emotional problems which would affect this person's ability to care for a child. If the person is identified as other adult living in the home, indicate conditions detrimental to a child's placement in the home.

On the basis of this examination and my knowledge of this patient, I recommend	<input type="checkbox"/>	do not recommend	<input type="checkbox"/>
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this person as a resource or adoptive parent for children.

Comments:

Physician name \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**Tennessee Baptist Children's Homes, Inc.**

Dear Prospective Program Staff Member:

You are being considered for a position with Tennessee Baptist Children's Homes, Inc. which will require very close contact with children and youth in a family-like setting. Each person's life experiences influence relationships and interpersonal interactions in an important way. The position you are seeking requires a high level of self-awareness and honest self-assessment.

The attached "Prospective Program Staff Questionnaire" asks you to provide information about your family history, your marital relationships, your educational history, your spiritual experiences and your expectations about working and living in a residential child care setting.

The information you provide will be handled in a confidential manner.

You should complete the questionnaire by the date requested and deliver it in a sealed envelope to the appropriate program director. Please mark the envelope as "Confidential".

Once the questionnaire has been used in your employment assessment, it will be maintained in a sealed envelope in your personnel file at the TBCH State Office.

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Please read and initial the following statements:

\_\_\_\_\_ I understand that the information in the "Prospective Program Staff Questionnaire" will be used in the total assessment of my suitability to provide direct service to children in the care of Tennessee Baptist Children's Homes, Inc.

\_\_\_\_\_ To the best of my knowledge, information and belief my responses in the Questionnaire are true, and I have made no attempt to misrepresent my experiences or attitudes.

Signature:

\_\_\_\_\_  
*Full Name*

\_\_\_\_\_  
*Date*

Tennessee Baptist Children's Homes, Inc.  
**Prospective Program Staff Questionnaire**

\_\_\_\_\_  
*Name*

**My Family History:**

1. Who were all the members of your family or house hold (age and relationship) when you were between the ages of :
  - a. Birth – 5 years old
  - b. 6 -11 years old
  - c. 12 -15 years old
  - d. 16 - until you left home
2. Was there anyone not in your household or immediate family with whom you were especially close, and why?
3. Out of the people listed above, to whom were you the closest and why?
4. Regarding all the people you listed in questions 1 and 2; where are these people now and how often do you contact them?
5. What forms of discipline were used in your home?
6. Who was the primary disciplinarian in your home?
7. What ages of your childhood did you most enjoy and why?
8. What ages of your childhood did you least enjoy and why?

9. With whom did you have the most difficulty getting along and why?
10. When you were growing up, what were “okay” ways for members of your family to express the following feelings:
  - a. Happiness:
  - b. Love and affection:
  - c. Anger:
  - d. Disappointment:
  - e. Frustration:
  - f. Sadness and depression:
  - g. Fear:
  - h. Stress:
11. Compared to other families you have known, both as a child and as an adult, would you say that your family was happier or less happy than most families?
12. What family traditions which you grew up with do you still keep today, and why?
13. Are there family traditions that you grew up with which you do not keep now and why?
14. Think back to the time when you left home to be on your own.
  - a. How old were you?
  - b. Why did you leave?
  - c. How did you and your family feel about your leaving?

**Marriage History:**

1. How did you meet your spouse?
2. How long have you:
  - d. Known each other?
  - e. Been married?
3. What do you think was the main reason you entered into a relationship with and married your spouse? Why you have stayed together?
4. What do you most admire about your spouse, and what do you think that your spouse most admires about you?
5. What would you most like to change about your spouse, and what do you think he or she would want to change about you?
6. How much time during the week do you and your spouse have alone together, and do you feel comfortable with this amount of time?
7. What was the biggest disappointment or loss you've had in your life, and how did you cope with it?

**School History:**

1. How many grades did you complete in school (junior high, high school, college, graduate school?)
2. If you did not complete high school what were the reasons?
3. If you have attended college, what were your fields of study and what degrees did you receive?
4. As you think back over all your school experiences, were they primarily good experiences? Please explain.
5. What kinds of school experiences did you like the most (subjects, activities) and please explain.
6. What parts of school were most difficult for you (subjects, activities) and please explain.
7. How important will grades and school performance be for the children you will serve?

**Spiritual Issues**

1. Please share your personal testimony/conversion experience.
2. Write a brief summary of your involvement in your church.

**Interest and Expectations of Working with a Group Home:**

1. What gave you the idea to pursue this type of employment?
2. Have you yourself ever been in foster care, were you adopted, or do you know anyone who experienced foster care or adoption? If yes, please explain.
3. As you think about becoming a house parent:
  - a. What do you think you will like the most?
  - b. What do you think you will like the least?
4. If you have parenting experience, what have you enjoyed most about parenting?
5. What have you disliked most about parenting?
6. If you have children currently living with you, what challenges do you anticipate:
  - a. With your children:
  - b. With your TBCH children:
7. What childhood ages do you most enjoy parenting?
8. What childhood ages do you least enjoy parenting?

9. What forms of discipline do you find to be most effective?

10. Under what circumstances do you think that it is okay to spank, smack or hit a child?

11. Have you ever been a parent to someone else's child? If yes, please describe the circumstances.

12. If you have any children who **do not** live with you, please list:

Name:	Age:	Where/with whom do they live and the relationship	Frequency of Contact



**Sensitive Subjects:**

1. What were the one or two occasions in your life when you remember feeling very, very angry and what did you do about your angry feelings?
2. Many of the children needing foster care or adoption have had some inappropriate sexual experiences. For example, they may have observed older children or adults involved in sex or they may have been sexually abused. Could you parent the following children?

	Could parent without help	Could parent with help	Could not parent
a. Child who masturbates	_____	_____	_____
b. Teen who is/was sexually active	_____	_____	_____
c. Child whose mother is/was involved with prostitution	_____	_____	_____
d. Child of any age who has been sexually abused	_____	_____	_____
e. Child who wants to talk to you about sex	_____	_____	_____
f. Child who talks to your children about sex	_____	_____	_____
g. Child who expresses interest in homosexual relationships	_____	_____	_____

3. Have you or has anyone close to you had any direct experience with:

	<u>Yes</u>	<u>No</u>
a. Sexual Abuse	_____	_____
b. Mental Illness	_____	_____
c. Drug Abuse	_____	_____
d. Being in Jail	_____	_____
e. Alcoholism	_____	_____
f. Counseling and Therapy	_____	_____
g. Financial Problems	_____	_____

Please explain any yes answers.

# Tennessee Baptist Children's Homes, Inc. Reference Questionnaire for Employment

\_\_\_\_\_ has applied for employment with the Tennessee Baptist Children's Homes.

I. Please explain in what capacity you have know the applicant \_\_\_\_\_  
How long? \_\_\_\_\_

II. Please answer the questions below by placing a check mark in the column that best describes the qualities or characteristics of this person.

Above Average	Average	Below Average	Unknown	
				1 Is effective in relating to children 6-12 years of age.
				2 Is effective in relating to teenagers
				3 Gives evidence of understanding the developmental needs of children and youth
				4 Exercises firmness in dealing with children and youth
				5 Exercises consistency in dealing with children and youth
				6 Exercises patience in dealing with children and youth
				7 Demonstrates empathy toward people
				8 Demonstrates compassion toward people
				9 Handles stress appropriately
				10 Demonstrates a forgiving nature
				11 Demonstrates a nurturing personality
				12 Is discreet in conversations (respects personal privacy and confidence)
				13 Is respected by associates and community
				14 Effective in limit setting and providing structure
				15 Uses fair, consistent discipline
				16 Demonstrates high moral values in daily life

**Tennessee Baptist Children's Homes, Inc.  
Reference Questionnaire for Employment cont.**

**III.** Please answer "YES" or "NO" to the following guidelines based upon your personal knowledge

YES	NO

1 Does this person use tobacco products?

2 Does this person use alcohol?

3 Does this person use illegal drugs?

4 Does this person attend church regularly?

5 Would you feel comfortable with your own children spending a weekend or a holiday with this person?

6 Do you feel this person would be a Christian role model for a child/young person?

**IV.** Are there others who could supply information about this person/family?

**Name**

**Address**

**Name**

**Address**

**V.** Additional info/comments regarding applicant, their children, extended family members and non-family residents in the household:

I understand that my response to this inquiry will be kept confidential.

**Printed Name**

**Date**

**Signature**

Please return questionnaire in the enclosed envelope or email to [HR@tennesseechildren.org](mailto:HR@tennesseechildren.org)