



Agency/Supervisor Requesting a Background Check

Indicate below, the individual and purpose for the background check.

Full Name: _____ Date: _____
First Middle Last

Last Four SS# _____ School/Department/Contractor: _____

Reason for background check:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Express Employment – Child Nutrition | <input type="checkbox"/> OSP: _____ |
| <input type="checkbox"/> Coaching/Volunteer | <input type="checkbox"/> Other: _____ |

SUPERVISOR SIGNATURE (Requesting the background check)

DATE

I, THE UNDERSIGNED, GIVE MY CONSENT FOR THE TENNESSEE BUREAU OF INVESTIGATION (TBI) AND THE FEDERAL BUREAU OF INVESTIGATION (FBI) CRIMINAL RECORD CHECK ON MYSELF AND RELEASE ANY RESULTS TO THE CLARKSVILLE-MONTGOMERY COUNTY SCHOOL SYSTEM FOR THE PURPOSE OF EMPLOYMENT/VOLUNTEERING.

APPLICANT'S SIGNATURE

DATE

I, THE UNDERSIGNED, HAVE READ THE NONCRIMINAL JUSTICE APPLICANTS PRIVACY RIGHTS. INFORMATION REGARDING THE NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS (HUM-F089) CAN BE LOCATED ON CMCSS WEBSITE (WWW.CMCSS.NET).

APPLICANT'S SIGNATURE

DATE

HR STAFF ONLY

<input type="checkbox"/> Applicant approved to proceed _____	<input type="checkbox"/> Applicant process ends _____
Date Staff's Initials	Date Staff's Initials

- | |
|---|
| <input type="checkbox"/> Never fingerprinted |
| <input type="checkbox"/> Applicant withdraw application |