

Current Employee Fingerprint Form

Current Employees must be reprinted every five (5) years per T.C.A. §49-5-413.

AS PART OF COMPLIANCE WITH THE STATE REQUIREMENTS (PUBLIC CHAPTER 1006) T.C.A.

Please complete the following:			
First Name:	Middle:	Last Name:	
Sex: <input type="checkbox"/> M or <input type="checkbox"/> F	Height: _____ ft. _____ in.	Weight:	
Race:	Hair Color:	Eye Color:	
Place of birth (State or Country):			
Bus Drivers Only:			
Driver's License #:		State of Driver's License:	

I, THE UNDERSIGNED, HAVE READ THE NONCRIMINAL JUSTICE APPLICANTS PRIVACY RIGHTS. INFORMATION REGARDING THE NONCRIMINAL JUSTICE APPLICANTS PRIVACY RIGHTS ([HUM-F089a](#)) CAN BE LOCATED ON CMCSS WEBSITE (WWW.CMCSS.NET).

EMPLOYEE'S SIGNATURE

DATE

NOTE: If an indication appears on your background check, you will be contacted by a HR Representative to have all legal documents submitted to the HR Department to determine the next step.