

TENNESSEE BUREAU OF INVESTIGATION  
TAPS Applicant Scheduling Data

Return via fax  
to  
594-1557

All information **MUST BE COMPLETED** before the applicant can be fingerprinted.

Sponsoring Contractor: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Position hired for: Teacher [TE]  Substitute Teacher [ST]  School Worker/Volunteer  
[SMW]  Education Assistant [SW]  Cafeteria Worker [CA]  Custodian [CW]   
Security [PS]  Bus Driver

Driver License Number \_\_\_\_\_ License State \_\_\_\_\_

Does the applicant transport children, adults, handicapped, or hazardous material?

\_\_\_\_\_

Applicant Signature\*

Date

*\*By typing my name in the box above, I am offering my digital signature in lieu of my handwritten signature. I understand that my digital signature carries the same legal bindings as my handwritten signature.*