



TENNESSEE BUREAU OF INVESTIGATION
Tennessee Information Enforcement System
Vendor Employee Eligibility Form



Employee Name _____ Company _____ Date _____

Vendor employees must meet the standards provided in the FBI's CJIS Security Policy, Section 5.12.1.2, related to Personnel Screening for Vendors.

Vendor Employee Profile

Full Name: Last _____ First _____ Middle _____

Sex _____ Race _____ DOB _____ SOC _____ DL# _____ State _____

U.S. Citizen? _____ List all states of residence _____

List All Other Names (maiden, former married, etc.) If additional space is needed, use the back of this form

Name Last _____ First _____ Middle _____

Name Last _____ First _____ Middle _____

Include a photocopy of your driver license and submit it along with this form.

My signature below certifies that the answers to the above are true and complete.

Vendor Employee _____ Signature _____ Title _____ Date _____

CSC USE ONLY - Do Not write below this line.

1. *OWA (NCIC)* Date _____ Positive _____ Negative _____ 2. *QPO (NCIC)* Date _____ Positive _____ Negative _____

3. *QH (III)* Date _____ Positive _____ Negative _____ 4. *QR (III)* Date _____ on FBI # _____

5. IQ Date _____ State (1): TN Pos _____ Neg _____ State (2): _____ Pos _____ Neg _____ State (3): _____ Pos _____ Neg _____

State (4): _____ Pos _____ Neg _____ State (5): _____ Pos _____ Neg _____ State (6): _____ Pos _____ Neg _____

6. FQ State (1) _____ SID # _____ State (2) _____ SID # _____ State (3) _____ SID # _____

A. Was a criminal history record found on this individual as a result of our investigation? _____

B. Fingerprint cards for this vendor/contractor _____ Were previously submitted to TBI _____ Are being submitted to TBI with this form

Comments: _____

