Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize _____ to receive any Georgia criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

We may ask you to provide us with your social security number as part of the application process. You are not required to provide this information. While you are not required to provide us with your social security number, it may help in confirming your identity and expediting the process of your application. Failure to provide your social security number might delay the processing of your criminal background check in connection with your application. Should you choose to provide your social security number, it will be used to confirm your identity and will be submitted to federal, state and other governmental agencies for the purposes of confirming your identity and for data collection purposes. _____ (Initials)

Podemos pedirle que nos proporcione su numero de seguro social como parte del proceso de la aplicacion. No es necesario esta informacion. Mientras que no es necesario que nos proporcione su numero de seguridad social, puede ser de ayuda para confirmar su identidad y acelerar la tramitacion de su solicitrd. Falta de proporcionar su numero de seguridad social podria retrasar el procesamiento de su cheque de antecedents criminals enrelacion con su solicitud. Si decide proporcionar su numero de seguridad social, que se utilizara para confirmar tu identidad y se presentaran a agencias gubernamentales federales, estatales y otros, a los efectos de confirmar su identidad y para fines de coleccion de datos. _____

Full Name (print clearly) _____

Address _____

Sex _____ Race _____ Date of Birth _____ SS# _____

Signature _____ Date _____

Special Employment provisions (check if applicable)

___ Employment with mentally disabled (Purpose code "M")
___ Employment with elder care (Purpose code "N")
___ Employment with children (Purpose code "W")
___ Employment with criminal justice agency-non sworn (Code "J")
___ Employment with criminal justice agency-sworn (Code "Z")

This authorization is valid for 90/180 days from date of signature.
I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.