

## GEORGIA DEPARTMENT OF CORRECTIONS CRIMINAL/DRIVER HISTORY CONSENT FORM

**PLEASE PRINT**

I hereby authorize the Georgia Department of Corrections to receive all criminal history information pertaining to me <b>anytime</b> during the course of my employment with the Department.
I understand that convictions revealed from these background investigations may impact by certification with P.O. S.T. and my employment with the Department.
<b>Reason (Check one below)</b>
<input type="checkbox"/> Criminal Justice Employment – Civilian Personnel OR <input type="checkbox"/> Criminal Justice Employment POST Certified Employee OR <input type="checkbox"/> POST Investigator
Supervisor(if current employee):
Signature:
Position Applied For:

**Please Enter Your Personal Information below**

Last Name		First Name	
Middle Name		Suffix	
Social Security #		Re-enter SSN#	
Date of Birth		Weight	
Sex		Race	
Eye Color		Hair Color	
Height		Place of Birth	
Country of Citizenship		D.L. State & #	

**Address Information**

Address		Address 2	
City		Apt	
County		Zip	
Address State		Email	
Phone #			

**\*\*\*\*\*PLEASE CHECK ONE OF THE BOXES BELOW\*\*\*\*\***

**One of the following must be checked:**

- This authorization is valid for 90/180/\_\_\_ (circle one) 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 agency.

REGISTRATION DATE: \_\_\_\_\_ REGISTRATION ID \_\_\_\_\_

Retention Schedule: Retain for two years in hiring/selection packet; if hired, retain permanently in local official personnel file.