

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 anytime 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.
Reason (Check one below)
<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 _____



STATE OF GEORGIA
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Daytime Telephone Number										E-mail Address									
Last Name					First Name					Middle Init.									
Street or Mailing Address															Apartment No.				
City										State			Zip Code			County			

EMPLOYMENT ELIGIBILITY: To be employed by the State of Georgia, you must meet certain State and Federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, positive rehire status if previously employed by the State, and no felony convictions (for some jobs). Please answer the following questions.

1. Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Are you an alien authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	3. Have you ever been dismissed from any State of Georgia government position? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach an explanation.	4. Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach an explanation.
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TYPE OF WORK: JOB TITLE AND JOB CODE REQUIRED. If you do not know the correct job titles, information is available at the various State of Georgia agency personnel offices, the Georgia Merit System Office in Atlanta, the Georgia Department of Labor Career Centers, or on thejobsite.org.

Specific Job Title Sought	Job Code	Specific Job Title Sought	Job Code
1.		2.	

EDUCATION:

High School Graduate or Equivalent (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vocational/Business School:	No. of Months:	Field of Study:	Completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: (Mo./Yr)					
PLEASE LIST EXACT COLLEGE HOURS :		CREDIT RECEIVED		FIELD/AREA OF CONCENTRATION		TYPE OF DEGREE	DATE DEGREE COMPLETED		
COLLEGES/UNIVERSITIES	CITY and STATE	Qtr Hrs	Sem Hrs	Major	Hrs	Minor	Hrs	(BA/BS/MA/PhD)	(Mo./Yr.)

LANGUAGE SKILLS: Check any which apply to you. Multilingual (Specify languages) _____ Sign Language

GEORGIA LICENSES AND CERTIFICATIONS:

Type of License/Certificate	License/Certificate Number	Expiration (Mo./Yr.)	Specialization/Endorsements
Current Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Valid Commercial Driver's License (CDL): Class (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
Teacher Certified in Georgia: Type of Certificate Held:			
Georgia Peace Officer Standards and Training Certificate (POST)			
Other Professional License/Certificate: _____			

CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed.
 I certify that all information on this application is correct. I authorize any agent or employee of the State to verify this information and to release it to anyone who may consider me for appointment. I understand that intentionally providing false information on this form or attachments is a violation of state law. I also understand that applications submitted electronically, via e-mail or similar media, are not valid unless I enter my name in the signature field below and such action shall constitute an electronic signature. I further certify that either: 1) I have not been convicted of a drug-related criminal offense; or 2) if I have been convicted of a drug-related criminal offense, it has been more than three (3) months since my first conviction, or more than five (5) years since a second or subsequent conviction (O.C.G.A. 45-23 et. Seq.).

Signature: _____ **Date:** _____

WORK HISTORY: Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. If you need more space, print out the supplemental work history page and attach to the application. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration. *You may submit a resume to document your work background.* However, if the resume does not contain all the information requested in the Work History section, please fill in that information on the application.

Current or Last Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number ()
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
Related Computer Skills:					

Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number ()
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
Related Computer Skills :					

Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number ()
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
Related Computer Skills :					

STATE OF GEORGIA EMPLOYMENT AVAILABILITY CODES

For the job(s) listed on page 1, please select the county or counties in which you are willing to work. You may choose up to ten (10) counties, or choose to be available for all counties by marking "Statewide" (160). For your convenience, the counties have been sorted alphabetically by geographical region.

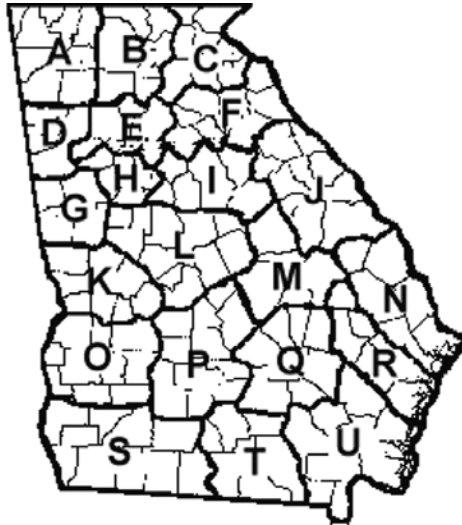
Where do you want to work? List up to ten (10) counties in the blanks below. Use the <i>three digit number codes</i> listed next to each County.									
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.

Metro Atlanta Regions

- | | |
|--|--|
| <p>N Metro Atlanta (E)
 033 Cobb
 044 DeKalb
 048 Douglas
 060 Fulton
 067 Gwinnett
 122 Rockdale</p> | <p>S Metro Atlanta (H)
 031 Clayton
 056 Fayette
 060 Fulton
 075 Henry
 126 Spalding</p> |
|--|--|

North Georgia Regions

- | | |
|--|--|
| <p>Rome Area (A)
 008 Bartow
 023 Catoosa
 027 Chattooga
 041 Dade
 057 Floyd
 064 Gordon
 105 Murray
 146 Walker
 155 Whitfield</p> <p>N Central GA (B)
 028 Cherokee
 042 Dawson
 055 Fannin
 058 Forsyth
 061 Gilmer
 093 Lumpkin
 112 Pickens
 144 Union</p> | <p>NE GA (C)
 006 Banks
 059 Franklin
 68 Habersham
 69 Hall
 119 Rabun
 127 Stephens
 139 Towns
 154 White</p> <p>W GA (D)
 022 Carroll
 071 Haralson
 110 Paulding
 115 Polk</p> <p>Athens Area (F)
 007 Barrow
 029 Clarke
 052 Elbert
 073 Hart
 078 Jackson
 095 Madison
 108 Oconee
 109 Oglethorpe
 147 Walton</p> |
|--|--|



Central Georgia Regions

- | | |
|--|---|
| <p>LaGrange Area (G)
 038 Coweta
 074 Heard
 099 Meriwether
 141 Troup</p> <p>Covington Area (I)
 018 Butts
 066 Greene
 070 Hancock
 079 Jasper
 104 Morgan
 107 Newton
 117 Putnam</p> <p>Columbus Area (K)
 (J) 026 Chattahoochee
 072 Harris
 094 Macon
 096 Marion
 106 Muscogee
 123 Schley
 130 Talbot
 133 Taylor</p> | <p>Middle GA (L)
 005 Baldwin
 011 Bibb
 039 Crawford
 076 Houston
 084 Jones
 085 Lamar
 102 Monroe
 111 Peach
 114 Pike
 143 Twiggs
 145 Upson
 158 Wilkinson</p> <p>Augusta Area
 017 Burke
 036 Columbia
 062 Glascock
 081 Jefferson
 090 Lincoln
 097 McDuffie
 121 Richmond
 131 Taliaferro
 149 Warren
 157 Wilkes</p> <p>Dublin Area (M)
 053 Emanuel
 083 Johnson
 087 Laurens
 140 Treutlen
 150 Washington</p> |
|--|---|

South Georgia Regions

- | | |
|---|---|
| <p>Savannah Area (N)
 15 Bryan
 16 Bulloch
 025 Chatham
 051 Effingham
 082 Jenkins
 124 Screven</p> <p>Albany Area (O)
 019 Calhoun
 030 Clay
 047 Dougherty
 088 Lee
 118 Quitman
 120 Randolph
 128 Stewart
 129 Sumter
 135 Terrell
 152 Webster</p> <p>Tifton Area (P)
 009 Ben Hill
 012 Bleckley
 040 Crisp
 45 Dodge
 46 Dooley
 077 Irwin
 116 Pulaski
 137 Tift
 142 Turner
 156 Wilcox
 159 Worth</p> <p>Baxley Area (Q)
 001 Appling
 003 Bacon
 034 Coffee
 080 Jeff Davis
 103 Montgomery
 134 Telfair
 138 Toombs
 153 Wheeler</p> | <p>Reidsville Area (R)
 021 Candler
 054 Evans
 089 Liberty
 091 Long
 098 McIntosh
 132 Tattall</p> <p>SW GA (S)
 004 Baker
 014 Brooks
 035 Colquitt
 043 Decatur
 049 Early
 065 Grady
 100 Miller
 101 Mitchell
 125 Seminole
 136 Thomas</p> <p>Valdosta Area (T)
 002 Atkinson
 010 Berrien
 032 Clinch
 037 Cook
 050 Echols
 086 Lanier
 092 Lowndes</p> <p>SE GA (U)
 013 Brantley
 020 Camden
 024 Charlton
 063 Glynn
 113 Pierce
 148 Ware
 151 Wayne</p> |
|---|---|

Statewide

160 Statewide You will be considered for vacancies in ALL counties of the State. Please only choose Statewide if you are seriously considering relocating to any county in the State. Also be aware that relocation at your own expense may be necessary.

EVALUATION PROCEDURES

Written Tests: To obtain a job in certain fields, such as criminal justice and secretarial, you must pass a written and/or performance test. The tests are offered on the following basis. Proper identification with your picture and signature, such as a driver's license, is required for admission to all examinations.

Walk-in Examinations: Tests are offered on selected days in Atlanta only on a walk-in basis. If you wish to test in Atlanta, apply online or bring a completed application with you. Some testing outside of Atlanta is also done on a walk-in basis. The "Walk-In Testing Schedule" is available on our Web site at thejobsite.org. You may also call (404) 656-2724 and request a copy of this schedule.

Scheduled or Reserved Seating Examinations: Written tests are offered on certain Saturdays in selected cities. If you request a scheduled examination and your application is approved, you will receive an admission slip by mail for the next available test session showing the address of the testing center you have chosen and the date and time of your appointment. This may take a month or longer due to limited seating.

Select ONE city where you wish to take a written test on Saturday:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Americus - [Y] | <input type="checkbox"/> Augusta - [S] | <input type="checkbox"/> Gainesville - [F] | <input type="checkbox"/> Milledgeville - [M] |
| <input type="checkbox"/> Rome - [E] | <input type="checkbox"/> Savannah - [H] | <input type="checkbox"/> Thomasville - [U] | <input type="checkbox"/> Waycross - [L] |

Retest Policy: Your score will normally remain on the list of available applicants for six months from the date of your examination (and, in many cases, you may also extend your score for an additional six months). Generally, you can apply to be evaluated or to take a written test for the same job only three times in one year, with a minimum 30 day waiting period between examinations. Upon re-examination, the higher of your scores will generally be kept. The lower score will not be accessible to employing agencies.

ACCOMMODATIONS FOR APPLICANTS WITH DISABILITIES

For Merit System Walk -in or Scheduled testing purposes only, do you require special examination accommodations because of a disability? If so, attach a note to this application asking us to call. **PRIOR ARRANGEMENTS ARE NECESSARY.** Note that in order to receive accommodations for testing, you must (1) tell the Merit System you need an examination accommodation at least one (1) day **PRIOR** to the test; (2) have the accommodation authorized **BEFORE** being tested; and (3) provide documentation to show the need for the accommodation (if requested by the Merit System). If you have questions about the examination procedure for applicants with disabilities, you may call the Georgia Merit System at (404) 656-2728 (TTY available) or the Georgia Relay Service at **7-1-1**.

Training and Experience Ratings: If you apply for a job that does not require a written test, your evaluation will be based on the experience, education, and training you describe on your application. You will also be evaluated on any supplemental information you may be asked to provide.

VETERAN'S PREFERENCE: The laws of the State of Georgia require that points be added to *passing examination scores* for certain veterans and combat troops of the Armed Forces of the United States. The following types of preference are currently granted. If you want to apply for Veteran's Preference, check the type below and attach copies of the appropriate document(s) to your application. Copies cannot be returned. (SPB 16.102)

- | | |
|---|--|
| <input type="checkbox"/> VETERAN: DD214 showing dates of service and type of discharge | <input type="checkbox"/> DECEASED VETERAN'S SPOUSE: DD214; marriage certificate; veteran's death certificate or casualty report |
| <input type="checkbox"/> DISABLED VETERAN: DD214; certificate of service-connected disability (at least 10%) from the V.A. dated within the last 6 months | <input type="checkbox"/> DISABLED VETERAN'S SPOUSE: DD214; marriage certificate; disabled veteran's documents dated within last 6 months (veteran must have 100% disability) |

How You Heard About The Job: Walk-in College/University Technical School Employee Referral thejobsite.org
 Newspaper State Agency Web Site Other Internet Source DOL Career Center Other _____

Date: _____ **Requisition Number (for announced jobs only):** _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information you give in this section is optional. It is used by the Georgia Merit System and other state agencies to comply with Federal guidelines for monitoring the equal employment opportunity efforts of the State of Georgia.

Last Name	First Name	MI

Ethnic Background (Check One):	Gender (Check One):	Birth Date
1. <input type="checkbox"/> Native American	2. <input type="checkbox"/> White, not of Hispanic origin	MO DAY YR
3. <input type="checkbox"/> Hispanic	4. <input type="checkbox"/> Black, not of Hispanic origin	<table border="1" style="width:100%; height: 20px;"> </table>
5. <input type="checkbox"/> Asian/Pacific Islander	6. <input type="checkbox"/> Multi-racial	<i>Birth Date - Required for some law enforcement jobs.</i>
7. <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female	

For Agency Use

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Office of Professional Standards, whether such records are of a public, private, or confidential nature.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be used in determining my suitability and continuing suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Office of Professional Standards within the Georgia Department of Corrections to be a participant in the determination process of employment suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

Full Name Printed

Signature

Street Address

Date

City/State/Zip

Sex

Race

Social Security Number

**Date of Birth & Driver License
Number/State**