



Fayette County Sheriff's Office

BARRY H. BABB
SHERIFF

Randall Johnson Law
Enforcement Center
155 Johnson Avenue
Fayetteville, Georgia 30214
(770) 461-6353
EMERGENCY: 9-1-1

Pursuant to O.C.G.A § 35-3-34(a)(1)(A), GCIC Council Rule 140-2-.04 states "at the time of each request, requestors shall provide the signed consent of persons whose criminal history records are sought". The signed consent must include, as a minimum, the person's full name, address, social security number, race, sex, date of birth and date signed. Changes, strikethroughs or white out/liquid paper are not permissible. **Persons must complete a new consent form if a change or correction is necessary.**

CIRCLE ONE PURPOSE CODE

- 'E' (regular employment)
- 'N' (elder care)
- 'W' (children)
- 'J' (criminal justice agency-civilian)
- 'M' (mentally disabled)
- 'Z' (criminal justice agency-P.O.S.T. certified)

Case No. (8digits)

CAD No. (9digits)

Human Resources

Department

Reason

I hereby authorize **The Fayette County Sheriff's Office** to receive any Georgia or III criminal history record information pertaining to me as authorized under state and federal law for individuals seeking employment or to work with children, the elderly or mentally disabled.

Full Name (print)

Date of Birth

Sex

Race

Social Security No.

Drivers License Number

State

Street Address

City

State

Zip Code

Signature

Date

Notary Public

My Commission Expires

S
E
A
L

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 company.

If no date is listed on this form, consent is valid for 90 days from date of signature.

Departmental Use

Reviewed by



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I hereby authorize the Fayette County Sheriff's Office to receive a copy of my Georgia driver's history information.

Name (Must exactly match name listed on driver's license)

Date of Birth: _____

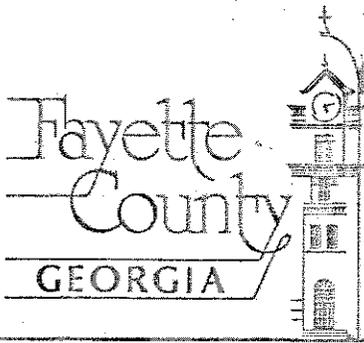
Driver's License number: _____

Sex: _____

Signature

Date

OFFICE USE ONLY



Where Quality Is A Lifestyle

APPLICATION VERIFICATION STATEMENT

We use your personal information to evaluate your application for employment and for other customary human resources purposes.

Fayette County Government may use my personal information (e.g., name, contact information, work history, etc.) collected here to contact me and for recruitment and employment purposes. In the event that I am hired by Fayette County Government, my personal information may be used to process my employment and for other related purposes.

As necessary for employment purposes, my personal information may be shared with other third parties (credit and criminal history checks and educational degree verification) that process data on Fayette County Government's behalf, regulatory authorities, or as required by law.

Name: _____

Signature: _____

Date: _____