

Name-based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the **Alamo Police Department** to conduct an inquiry and receive any Georgia criminal and/or driver history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name			
Address			
Race/Sex	Date of Birth	Social Security Number	Driver License Number

Please Initial below:

_____ This authorization is valid for 90/180_____ (circle one) days from date of your signature.

_____ I, _____ gives consent to the above named to perform periodic criminal history/driver's history. background checks for the duration of my employment with this company.

_____ Signature _____ Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials; _____

Purpose Code used: (check one)

<input type="checkbox"/>	Civilian Employment with a Criminal Justice Agency(J)-Provides complete Georgia and III Criminal history record information except Juvenile or restricted records and
<input type="checkbox"/>	P.O.S.T. Certified Employment with a Criminal Justice Agency(Z)-Provides Georgia and III Criminal History Record Information including restricted records that contains completed first offender sentences for any offense

The inquiry resulted in the following: (Check all that apply)

<input type="checkbox"/>	No Georgia CHRI results available
<input type="checkbox"/>	Georgia CHRI attached/released

<input type="checkbox"/>	No NCIC/GCIC warrants results available
<input type="checkbox"/>	Possible NCIC/GCIC warrant. Criminal Agency listed below
Wanted Agency Name:	
Agency Telephone Number:	

_____ Agency Designee Signature and Title

_____ Date

EMPLOYMENT APPLICATION

Last Name:	First Name:	MI:	SS#:	DOB:
Address:				
Home Phone:	Cell Phone:	Email:		
If hired, can you provide proof that you are legally able to work in the United States? Yes No				
Have you ever been convicted of a criminal offense(felony or misdemeanor)? If yes, please state nature of offense(s), date(s), city, state a deposition on separate sheet of paper. Note: An affirmative answer will not necessarily result in disqualification for employment. Yes No				
How were you referred to us?				
Advertisement	Employee	Employment Agency	Walk-in	Other
List any relatives or friends employed with this Company:			Relationship:	

EMPLOYMENT

Position Desired:	Salary Desired:
What days and hours are you available to work?	
Are you available for overtime?	Yes No
Are you over 18 years of age?	Yes No
If under 18, can you provide a work permit?	Yes No
Are you able to perform the essential functions of the job for which you are applying? Yes No	
When are you available to begin work?	
(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)	

SKILLS

Many of our (customer/clients) do not speak English. Do you speak or understand any foreign language?		Yes
No		
If yes which language(s) and with what proficiency:		
Are you able to operate a computer?	Yes No	Types of Software:
Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which prepared you for the position applied for?		

EDUCATION

Type of School	Name & Location of School	# of years to complete	Graduated		Major Field of Study
			No	Yes	
High School or Trade School					
Business or Tech School					
Jr. College and/or University					
Other Training (Explain)					

EMPLOYMENT HISTORY

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if needed for more space.

Answer all fo the following questions if you are applying for a professional, licensed or certified position:

Are you licensed/certified for the job you are applying for? Yes No

Name of license/certification:

Issuing State:

License certification:

Has your license/certification ever been revoked or suspended? Yes No
If yes, explain:

***Do you currently have active DL or CDL? Yes No

POSITION(S) HELD

Company Name:	Dates Employed:	Starting Salary:
	From: To:	Ending Salary:
Street Address	Job Title:	Hours Worked:
		From: To:
City, State, Zip Code:	Supervisor:	May we contact this employer?
		Yes No
Telephone:	What is the most important skill demonstrated on the job?	
Specific Duties:		
Reason for leaving:		

Company Name:	Dates Employed:	Starting Salary:
	From: To:	Ending Salary:
Street Address	Job Title:	Hours Worked:
		From: To:
City, State, Zip Code:	Supervisor:	May we contact this employer?
		Yes No
Telephone:	What is the most important skill demonstrated on the job?	
Specific Duties:		
Reason for leaving:		

Company Name:	Dates Employed:	Starting Salary:
	From: To:	Ending Salary:
Street Address	Job Title:	Hours Worked:
		From: To:
City, State, Zip Code:	Supervisor:	May we contact this employer?
		Yes No
Telephone:	What is the most important skill demonstrated on the job?	
Specific Duties:		
Reason for leaving:		

APPLICANT'S STATEMENT

(Initial each numbered item as read)

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Company or its agents.
2. _____ I authorize all the schools, persons, and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Company, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. _____ I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to refusal to hire or, if already employed, termination.
4. _____ I authorize the Company to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit, worthiness, credit standing, credit capacity, character, general reputation, persons characteristics, or mode of living. I understand that if I am denied employment based upon information obtain in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.
5. _____ I understand and agree that any misrepresentation or misrepresentation of omission of facts in this application will be justification for refusal or termination of employment, regardless of time elapsed before discovery.
6. _____ I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notification by either myself or the Company. There will be no agreement, express or implied between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company.
7. _____ I have placed my signature in the space provided below only after I have completed the entire to best of my ability and have carefully read the foregoing seven (7) statements.

Date

Print Name

Signature