

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- ☐ This authorization is valid for _____ days from date of signature.
- ☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date _____

Attorney for Individual (Purpose Code E and U Only) _____ Bar Number _____ Date _____

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

Purpose Code Used (check one): *Note: Only one inquiry may be performed per consent form.*

NON-CRIMINAL JUSTICE PURPOSES	
E	Employment
M	Employment direct care with Mentally Ill/Developmentally Disabled
N	Employment direct care with Elderly
W	Employment direct care with Children
P	Public Record (no consent required)
F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT	
J	Civilian Criminal Justice Employment (state and III data received)
Z	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

<input type="checkbox"/>	No criminal history available
<input type="checkbox"/>	Criminal history available (attached/released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (list Wanting agency below)
<input type="checkbox"/>	Wanting Agency Name:
<input type="checkbox"/>	Wanting Agency Telephone:

 Agency Designee Signature and Title

Georgia Driver's History Consent Form

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

Signature

Date

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	

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 No	Yes	Major Field of Study
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:		

MILITARY SERVICE

Have you ever served in the military?

Yes

No

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If yes, please describe:

PERSONAL REFERENCES

Please list at least three (3) persons NOT related to you who have known you at least five (5) years.

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Name:

Address:

Phone #: