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

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 my

certification wif	th P.O.S.T. and	my employmer	nt with the Depart	artment.	
		Ple	ease Print		
Full Name:(Last)		(First)		(Middle)	
Address:	(Street)				
	(City)		(State)		(Zip)
Telephone #: (	(Where you can	be reached bet	ween 8:00 am a	and 4:00 pm) _	
Social Security	v #:	В	Priver's Licens	e # & State: _	
Date of Birth:	(mm/dd/yy)	_ Place of Birt	ch:(City)	(State)	(Country)
	Sex: lair:		Wei	ght:	_Eyes:
Signature:					
Date:					
One of the follo	owing must be	checked:			

This authorization is valid for 90/180/ (cir	cele one) days from date of signature.
□ I,	give consent to the above named to
perform periodic criminal history background chec	ks for the duration of my employment with this
agency.	

Retention Schedule: Upon completion, this form shall be retained for two (2) years in hiring/selection packet; if hired and retained permanently in local and official personnel file.