

Only For Candidates Applying for Positions at the E911 Emergency Call Center

NAME BASED CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM

I hereby authorize **EFFINGHAM COUNTY BOARD OF COMMISSIONERS AND/OR THEIR AGENTS** to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by State and Federal Law.

Full Name: <i>Please Print</i>			
Address:			
Gender	Race	Date of Birth	Social Security Number

This authorization is valid for _____ days from the 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 (Pur E and U Only) _____ _____
Bar Number _____ Date

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

Purpose Code Used: *(check all that apply)*

<input type="checkbox"/>	E – Employment
<input type="checkbox"/>	J – Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N – Working with Elderly
<input type="checkbox"/>	P – Public Records
<input type="checkbox"/>	U – Personal Copy
<input type="checkbox"/>	W – Working with Children
<input type="checkbox"/>	Z – Sworn Criminal Justice Employment (State & III Info Received)

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title

Date