

REFERENCE WAIVER

This release sets forth the entire agreement between Effingham County Board of Commissioners and me, and I acknowledge that I have not relied upon any representation or statement.

TO EFFINGHAM COUNTY BOARD OF COMMISSIONERS: I hereby grant permission for the Effingham County Board of Commissioners to make such investigations and/or inquiries of my personal, employment or financial and other related matters as may be necessary in arriving at an employment decision.

I understand and agree to release the Effingham County Board of Commissioners and its trustees, directors, officers, agents, employees, parents, subsidiaries, affiliated concerns, previous employers, schools, or any person or persons from any legal liability, claims, demands, damages, and causes of action of ever kind and nature arising out of, or resulting from or in connection with, submitting to the employment history verification and fingerprint-based criminal history check and any decision concerning employment made by the Effingham County Board of Commissioners, in whole or in part, based upon the results of such checks.

IN ACKNOWLEDGMENT OF THE ABOVE:

Please Print: *First Name* *Middle Initial* *Last Name*

Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The Effingham County Board of Commissioners is required to collect and maintain the information requested below consistent with Federal Equal Employment Opportunity laws. Your voluntary responses are treated in a highly confidential manner. This information is maintained separately from your application and will not be considered in the application evaluation process.

JOB APPLYING FOR: _____

DATE OF BIRTH: _____

SEX: MALE FEMALE

RACE: *Check Only One:*

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
- White** (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American** (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand or Vietnam.
- American Indian or Alaska Native** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South American (including central American) and who maintain tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino) – All persons who identify with more than one of the above races.

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