



## Consent for Pre-employment Background Check

I understand that the Georgia Department of Natural Resources (DNR) shall conduct a pre-employment background check. I understand that incomplete, inaccurate, or false information may result in the discontinuation of consideration of my application for employment. I understand that any offer of employment by DNR is conditional upon a background check that is appropriate to the job functions and business necessity. If related criminal records are revealed in the process, the applicant will not be automatically disqualified.

In consideration of DNR's review of my application for employment, I hereby waive, release, indemnify and hold harmless DNR and its employees and agents from any and all claims and liabilities with respect to the inquiry into or disclosure of such background information.

I hereby voluntarily consent and authorize DNR or its authorized representative bearing this release or copy thereof, in connection with my application for employment with DNR, to obtain reports for employment purposes, including criminal history.

I authorize any and all persons to disclose such information, including criminal history, to DNR or its agents, and hereby waive, release, indemnify and hold harmless such persons from any and all claims and liabilities with respect to furnishing the requested information.

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Additional Names Used: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (Where you can be reached between 8 a.m. and 4:30 p.m.) \_\_\_\_\_

List chronologically all of your residences for the past seven years:						
Dates		Street Address	City	State	County	Country
From	To					

Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender:  Male  Female

I certify that the information that I have provided here is accurate. I understand that providing false information on this form may result in non-selection for employment or separation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:** Requestor's Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Office: \_\_\_\_\_