

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 with P.O.S.T. and my employment with the Department.

Full Name (printed): _____
(Last) (First) (Middle)

Address: _____
(Street)

(City) (State) (Zip)

Telephone #: (Where you can be reached between 8:00 am and 4:00 pm) _____

Home Telephone #: _____ Work Telephone #: _____

Social Security #: _____ Drivers License #: _____

Date of Birth: _____ Place of Birth _____
(City) (State) (Country)

Race: _____ Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Signature: _____

Date: _____