



WOODSTOCK POLICE DEPARTMENT

GCIC/NCIC CRIMINAL HISTORY CONSENT FORM



GRAY AREA FOR ADMINISTRATIVE USE ONLY:

PURPOSE OF REQUEST:

- (E) HOUSING _____
- (E) ADOPTION _____
- (E) BEER AND WINE _____
- (E) PRIVATE/PUBLIC EMPLOYMENT _____
- (J) CRIMINAL JUSTICE EMPLOYMENT X _____
- (E) GEORGIA FIREFIGHTER EMPLOYMENT _____
- (W) CHILD/DAYCARE EMPLOYMENT OR VOLUNTEER _____
- (N) NURSING/ELDERLY CARE EMPLOYMENT _____
- (E) OTHER _____

PLEASE CHECK ONE OF THE ABOVE PURPOSE CODES

SIGNATURE OF AGENCY HEAD OR DESIGNEE

NOTARY PUBLIC

SIGNATURE AND SEAL

Sworn before me on _____ day of _____, 20____

I HEREBY AUTHORIZE THE ABOVE AGENCY TO RECEIVE ANY CRIMINAL HISTORY PERTAINING TO ME, WHICH MAY BE IN FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY.

PLEASE LEGIBLY PRINT OR TYPE THE FOLLOWING INFORMATION:

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ MAIDEN NAME _____

DOB _____ SEX _____ RACE _____ SOCIAL SECURITY NUMBER _____

PLACE OF BIRTH _____ HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____
City & State

STREET ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

DRIVER'S LICENSE NUMBER _____ STATE _____ EXPIRES _____

SIGNATURE _____ DATE _____



Georgia Crime Information Center

Georgia Driver's History Consent Form

I hereby authorize the Woodstock, GA Police Department to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

First Name

Middle Name

Last Name

Complete Address

Sex

Date of Birth

Driver's License Number

Signature

Date

NEIGHBOR REFERENCES

Applicants Name: _____

DIRECTIONS: List **THREE** references who reside **next to you or across the street from your current address**. If you have no current references residing next to you or across the street from your current address, you may use former neighbor references, land lords or roommates.

1. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Business Phone (Including Area Code): _____

1. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Business Phone (Including Area Code): _____

1. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Business Phone (Including Area Code): _____

SOCIAL ACQUAINTANCES

Applicants Name: _____

DIRECTIONS: List **FIVE** people whom you know well and who live in the United States. They should be a good friend, peer, colleague or college roommate, **whose combined association with you covers as much as possible of the last 10 years.** **DO NOT** list your spouse, former spouse, other relatives or anyone who is listed elsewhere in this application.

1. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Business Phone (Including Area Code): _____

2. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Business Phone (Including Area Code): _____

3. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Business Phone (Including Area Code): _____

4. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Business Phone (Including Area Code): _____

5. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Business Phone (Including Area Code): _____

EDUCATION VERIFICATION

Applicant's Name: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

DIRECTIONS: List all schools, colleges and/or universities you have attended and/or graduated from, beginning with the most recent.

College and/or University Name:				
Address	City (County)	State	Zip Code	Telephone Number:
Dates of Enrollment:				
From:	To:	Graduation Date:		
Course of Study:				
Major:	Minor:			
Degree/Diploma/Certificate:				
College and/or University Name:				
Address	City (County)	State	Zip Code	Telephone Number:
Dates of Enrollment:				
From:	To:	Graduation Date:		
Course of Study:				
Major:	Minor:			
Degree/Diploma/Certificate:				
College and/or University Name:				
Address	City (County)	State	Zip Code	Telephone Number:
Dates of Enrollment:				
From:	To:	Graduation Date:		
Course of Study:				
Major:	Minor:			
Degree/Diploma/Certificate:				

PROFESSIONAL LICENSE/CERTIFICATION VERIFICATION

Applicants Name: _____

DIRECTIONS: List all professional license and certifications you currently hold, beginning with the most recent. Examples Include: Police Officer, Fire Fighter, EMT, Paramedic, Private Investigator, etc.

Indicate whether it is a license or certification by placing a check in the appropriate box below:

License: _____

Certification: _____

License or Certification Type:

State Issued:

License or Certification Number:

Issue Date:

Expiration Date:

License or Certification Status:

Indicate whether it is a license or certification by placing a check in the appropriate box below:

License: _____

Certification: _____

License or Certification Type:

State Issued:

License or Certification Number:

Issue Date:

Expiration Date:

License or Certification Status:

Indicate whether it is a license or certification by placing a check in the appropriate box below:

License: _____

Certification: _____

License or Certification Type:

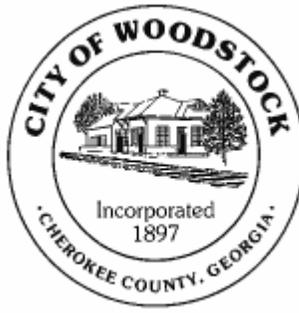
State Issued:

License or Certification Number:

Issue Date:

Expiration Date:

License or Certification Status:



CITY OF WOODSTOCK AUTHORIZATION FOR RELEASE OF INFORMATION

This certifies the application completed by me and all entries and information contained therein are true and complete and failure to fully and truthfully answer any part may, at the sole discretion of the City of Woodstock, subject me to immediate dismissal.

I hereby authorize my former employers and/or references to furnish any information concerning my personal character, habits, or employment record, and I hereby release all such persons from any liability or damages on account of having furnished this information. I further authorize my former employers to release any positive drug test results or alcohol tests greater than 0.04 or any refusals to be tested. I also agree to furnish such additional information and complete such examinations as may be required by the City of Woodstock.

It is agreed and understood this application for employment in no way obligates the City of Woodstock to employ me. I also understand and agree that if hired, my first twelve months employment shall be on a probationary basis, and the probationary period does not end until appropriate documentation and approval(s) have been received. I further understand that during the probationary period the employer may terminate my employment without any recourse on my part. I also understand that I will, after the probationary period, remain an employee-at-will who may be terminated without cause at any time.

I hereby authorize the City of Woodstock to investigate the information contained in my employment application and to do all that is necessary to verify the accuracy of the information. I further authorize any past or present employer, any law enforcement agency, or any school or personal reference to release to the City of Woodstock, any and all information contained in my work records, police record, school record, and personal references. I hereby release any past or present employers, any law enforcement agency, any schools, personal references and any and all of their employees from any liability in furnishing such information to the City of Woodstock.

A copy of this release shall be effective and valid as the original.

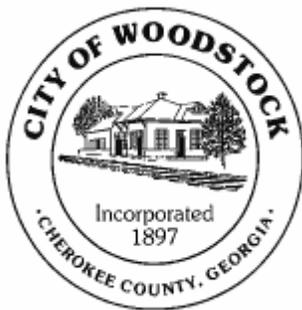
I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CITY OF WOODSTOCK TO FURNISH THE ABOVE-MENTIONED INFORMATION.

Printed Legal Name: _____

Social Security Number: _____ Date of Birth: _____

I have read and understand the above statement.

Signature: _____ Date: _____



PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and /or other tests as shall be determined by the **City of Woodstock** in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that the **City of Woodstock's** authorized agent may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I understand that it is the current use of illegal drugs that prohibits me from being employed at the **City of Woodstock**.

I further agree to hold harmless the company and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of collection of specimens, testing, and use of the information from said testing(s) in connection with the company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:
Printed Name _____ S.S.#: _____

Applicant:
Signature _____ Date: _____

Witness Printed Name: _____

Witness Signature: _____

EMPLOYMENT NOTIFICATION AND ACKNOWLEDGMENT

The purpose of this release is to allow the City of Woodstock Police Department--Georgia (referred to as "Company"), Professional Screening & Information, Inc. (PSI), or their assigns, to obtain pre-employment information as part of my application for employment, which may include any lawful investigation not limited to my educational, criminal, driving, credit, and employment histories, while maintaining compliance with all governmental laws. I also consent to the company obtaining such information if I am employed by the company for any employment purpose.

If the Company considers the background investigation unfavorable, I agree that the Company may deny me the assignment or discharge me from employment. I release the Company, PSI, its officers, agents, employees, and assigns from all liability resulting from the collection, use, storage, or discharge of information obtained for pre and post-employment, promotion, reassignment, and/or retention as an employee. A copy of PSI's Privacy Policy can be found at <http://www.psibackgroundcheck.com/privacy-policy.shtml>.

I also agree that this Notification and Acknowledgement in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

CA, MN and OK residents only: Check here if you would like to receive a copy of your report

I certify that the information contained below is complete and true. I have read this Notification and Acknowledgment, understand its terms, realize its significance, consent to a background investigation as part of the application process and if employed, during my employment as well, and sign this form voluntarily.

Applicant Signature: _____ **Date:** _____

THE INFORMATION BELOW BEING REQUESTED IS FOR BACKGROUND INVESTIGATION PURPOSES ONLY AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

PLEASE PRINT

Name (First, Middle, Last): _____

Maiden Name (First, Middle, Last): _____ Dates Used (from-to): _____

Social Security Number: _____ - _____ - _____ Drivers License #/State: _____

Position Applied For: _____ Home #:() _____ Work #:() _____

*(Optional): Race: _____ Sex: Male Female Date of Birth (Month-Day-Year): _____ - _____ - _____

Current address

Month/Year

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

Chronologically list all places of residence for the past seven years

Month/Year

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

COMPANY USE ONLY

Client: City of Woodstock Police Department--Georgia

Note:

✓ For all Motor Vehicle Reports, please fax a copy of the applicant's driver's license.

*****Please fax or email completed form to 706.235.6452 or staff@psibackgroundcheck.com*****

FCRA Disclosure and Authorization

- Under the FCRA (Fair Credit Reporting Act), before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization
- I am aware I have the right to make a written request to Professional Screening & Information, Inc., Post Office Box 644, Rome, Georgia 30162; call them collect at 1-877-235-7574, or contact them via the internet at www.psibackgroundcheck.com to obtain a free copy of my background investigation, within a reasonable period of time, **if an employment decision has been influenced by information contained in a background investigation report.**
- In addition, a summary of your rights will be made available to you under the Fair Credit Reporting Act.
- California, Oklahoma, and Minnesota residents are entitled to a free copy of their consumer report upon request and will be provided with a separate Notification and Acknowledgement form to complete.

By signing below I certify that I have carefully read and understand this Disclosure and Authorization.

Applicant Signature: _____

Date: _____



WOODSTOCK POLICE DEPARTMENT

12453 HIGHWAY 92
WOODSTOCK, GA 30188
770-592-6030



Authorization for the release of personal military information

National Personnel Records Center
Military Personnel Records
9700 Page Avenue
St. Louis, MO 63132-5100
Fax 314-801-9195

I, _____, do hereby authorize the National Personnel Record Center, St. Louis, Missouri, or any other custodian of my personal or criminal military records to release to the Woodstock Police Department any information or photocopies of my military personnel records. These records include, but not limited to, copies of my undeleted DD214, medical records, drug or alcohol information, Report of Separation, Article 15'a and /or non-judicial punishments or any other derogatory information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant

Social Security Number

Notary Public

Date

Remit to address above: Attention Administrative Services Officer or e-mail to kmurphy@woodstockga.gov