

**GEORGIA DEPARTMENT OF CORRECTIONS  
CRIMINAL/DRIVER HISTORY CONSENT FORM**

**Check Appropriate Box**

Criminal

Driver History

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.

**Print Full Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Street) (City) (State/Zip)

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

**Social Security #:** \_\_\_\_\_ **Driver's License # & State:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
(mm/dd/yy) (City) (State) (Country)

**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_ **Hair:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**One of the following must be checked:**

- This authorization is valid for 90/180/ \_\_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the **duration** of my employment with this agency.

**Operator Use Only**

	C – Contractor		J – Civilian Criminal Justice Employment
	C – Vendor		Z – Sworn Criminal Justice Employment
	C – Volunteer		

Retention Schedule: Upon completion, this form shall be retained for two (2) years in hiring/selection packet; if hired and retained permanently in local and official personnel file.