



Georgia Bureau of Investigation  
Georgia Crime Information Center  
Consent Form

I hereby authorize the Centerville Police Department to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print): \_\_\_\_\_

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

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

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

**Special Employment Provisions (At least one space must be checked)**

- \_\_\_\_\_ Criminal Justice Employment (Sworn Personnel) (Purpose code "Z")
- \_\_\_\_\_ Criminal Justice Employment (Civilian Personnel) (Purpose code "J")
- \_\_\_\_\_ Other authorized non-criminal justice purposes (Purpose code "E")
- \_\_\_\_\_ Employment with children (Purpose code "W")
- \_\_\_\_\_ Employment with mentally disabled (Purpose code "M")
- \_\_\_\_\_ Employment with elder car (Purpose code "N")

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 City of Centerville to perform periodic criminal history background check for the duration of my employment with the City of Centerville.

Signature: \_\_\_\_\_

\*\*Signature of Parent/Guardian: \_\_\_\_\_

\*\*Parental/Guardian consent is required for applicants under 18

**Notice: Unless all blanks are completed on this form and the form is notarized no information will be released.**

**Sworn To and Subscribed Before Me**

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_

***"We are an Equal Opportunity Employer and a Drug Free Workplace!"***

