

Chief
Cassandra Jones



2017

5060 Union Street
Union City, Georgia 30291
Phone - 770-515--7858
Fax - 770-964-9908

CONSENT TO OBTAIN CRIMINAL HISTORY

I hereby authorize the Union City Police Department and its agents to receive my criminal history pertaining to me which may be in the files of any state or local criminal justice agency.

Date _____ Applicant Signature _____

PRINT ALL OF THE FOLLOWING INFORMATION

NAME

LAST FIRST MIDDLE

ADDRESS

STREET APT# CITY/STATE ZIP

TELEPHONE - AREA CODE/NUMBER () _____

SOCIAL SECURITY # GEORGIA DRIVER'S LICENSE OR ID NUMBER

NAME OF BUSINESS APPLYING FOR CONTACT NAME (MUST HAVE FIRST AND LAST NAME)

HEIGHT WEIGHT HAIR EYE SEX RACE DATE PLACE
COLOR COLOR M / F OF BIRTH OF BIRTH

MM/DD/YEAR

PLEASE CHECK THE APPROPRIATE BOX - I will be working with:

W-Children N-Elderly M-Mentally Ill

This authorization is valid for 90 / 180 (circle one) days from dater of signature.

I, _____ give consent to the above name to perform periodic criminal history background checks for the duration of my employment with this company.

DO NOT WRITE BELOW THIS LINE

- ALCOHOL PERMIT
- TAXI PERMIT
- OTHER _____
- CRIMINAL HISTORY
- OTHER _____

Certified GCIC Operator _____

DATE _____

SIGNATURE & TITLE _____

GCIC/NCIC BACKGROUND
____ NO HISTORY FOUND
____ HISTORY ATTACHED