

INSTRUCTIONS FOR OBTAINING CRIMINAL HISTORY RECORD

Please read carefully:

Georgia law and Forsyth County Board of Education policy require that all personnel employed in the local public schools undergo a criminal background check upon employment and subsequently every five years.

By completing and signing the Forsyth County Sheriff's Office Background Check Consent Form you authorize and give consent as stated below:

I hereby authorize the Forsyth County Sheriff's Office and the Forsyth County Board of Education to receive any Criminal History Record information which may pertain to myself that may be found in any state or local criminal justice agency of Georgia.

Applicant's Full Name (PRINT PLEASE)

Date

In order to reduce errors, print any required information on this page and on the following Forsyth County Sheriff's Office Background Check Consent Form. Print clearly in black ink, blue ink or type – no pencil.

List all position(s) applied for: _____

PLEASE INCLUDE A CLEAR, IDENTIFIABLE, UNEXPIRED COPY OF YOUR VALID DRIVER'S LICENSE WITH THESE FORMS

CHECKLIST: Before mailing or hand delivering – have you...

- completed the Forsyth County Sheriff's Office Background Check Consent Form?
- had your signature notarized by a Notary Public? (You must sign and date your Background Check Consent Form in the presence of a Notary Public)
- included a clear, identifiable copy of your valid driver's license?

Mail or hand deliver these forms with a copy of your clear, identifiable, unexpired driver's license (3 pages total) to:

The Forsyth County Board of Education
Human Resources Department
1120 Dahlonega Highway
Cumming, Georgia 30040

Please note: Copies sent by fax will not be accepted. Call the FCS Human Resources Department at 770-887-2461 with questions.



FORSYTH COUNTY SHERIFF'S OFFICE

Background Check Consent Form

I hereby request the Forsyth County Sheriff's Office to receive any Criminal History Record information which may pertain to myself (or the person named below), and may be found in any state or local criminal justice agency in Georgia.

Records obtained from Forsyth County Sheriff's Office may only be used by the requesting agency or entity solely for the purposes requested. If any information is used to deny employment or license, it shall not reflect on the liability of this office but on the agency or entity that makes that decision and to allow the person/applicant a chance to dispute any information which may be in error. Any dissemination of this information must be with the permission of the person/applicant. Forsyth County shall not be held responsible for information obtained by another agency, State or Federal, which provides such information and whose files reflect records which may contain errors or omissions. **TO REDUCE ERRORS, FULL AND COMPLETE INFORMATION IS REQUIRED.** This request is in accordance to state law as it applies to:

PLEASE PRINT ALL INFORMATION:

Today's Date: _____

Employer Name: NA Employer Phone: NA

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Sex: _____ Race: _____ DOB: _____ City & State of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Social Security Number: _____ Driver's License Number: _____

Applicant's Signature

Signature of FCSS/HR Representative requesting this check

Notary Signature

(STAMP NOTARY SEAL ABOVE)