

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### INSTRUCTIONS

PRINT all answers. This application must be completed by YOU and no one else. Answer EVERY question. If the information requested does not apply to you, print "N/A" in the space provided. If you cannot remember or do not know the requested information, print, "I cannot remember" or "I do not know". Make all attempts to gather the information requested. This application must be returned to the Worth County Sheriff's Office.

Due to the unique requirements of a position in law enforcement, an extensive investigation of an applicant's personal background is necessary. It is important that you complete this application as thoroughly as possible. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not in and of themselves automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements or omissions. The number one reason individuals "fail" background investigations are because they deliberately withhold or misrepresent job-relevant information from their prospective employer. If you were subject to any form of military discipline while serving in the Armed Forces, you will be required to provide official documentation of the incident(s).

Do not misstate or omit facts when completing your personal history statement and application. The statements made herein are subject to verification in determining your qualifications for employment.

No statement contained herein shall constitute an offer or condition of employment.

**Please read carefully! Incomplete personal history statements and applications will not be accepted.**

Your personal history statements (PHS) are subject to a complete background investigation of personal, financial, education, and employment history. Questions relating to age, height, weight, and physical characteristics, when not specifically related to the job requirements are used for the purpose of identification in our background investigation and for no other purpose.

Any misstatements of fact or omission of material information reported in this PHS, or withholding new information that may affect your qualifying for employment may disqualify you from employment with the Worth County Sheriff's Office for the next two (2) years. All responses will be held in confidence to the extent allowed by law. The ability to make legible, accurate, and complete records is an important part of law enforcement work. **Be as thorough as possible.**

You MUST submit copies of the following documents that apply to you at the time your application is completed:

Included	N/A	
		High School Diploma or High School Transcript or GED
		College Transcripts or Diploma for Associates, Bachelors or Masters degrees
		DD-214
		Birth Certificate
		Driver's License
		Social Security Card
		Name Change records (marriage license, divorce decree, adoption records)
		Incident reports and dispositions of any arrests
		Any training certificates which pertain to law enforcement

I have read and understand the above instructions and will comply with all instructions herein.

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

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

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**Worth County Sheriff's Office Employment Application**  
**201 N. Main St Room 14, Sylvester, GA 31791**  
**Office (229)776-8211 \* Fax (229)776-8228**

**FILL out this application clearly and completely.** In order to be eligible for employment, an application must be submitted for each position as it becomes available. Applications and attachments, once submitted, become the property of the Worth County Sheriff's Office and are not returned.

Position Applied For	Salary Desired	Date Available
Last Name	First Name	Middle Name
Street Address:		
City	State	Zip County
Date of Birth	Social Security Number	Drivers License Number State
Cell Phone #	Alternate #	Email
<b>Working Conditions</b>		
Are you able to work the following: Overtime: ___Yes ___No      Evenings: ___Yes ___No      Nights: ___Yes ___No Rotating Shifts: ___Yes ___No      Weekends: ___Yes ___No      Holidays: ___Yes ___No		
<b>EDUCATION, TRAINING, AND OTHER JOB-RELATED INFORMATION</b>		
High School	City State	Year Graduated <input type="checkbox"/> Check here if you Did not graduate High school
GED	City State	Year Completed
College	City State	Year Graduated <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree
Military Branch	Date Entered	Date Discharged <input type="checkbox"/> DD214 Available <input type="checkbox"/> Never in Military
List certifications, licenses, professional registrations, and other credentials:		
Check any skills that you have: ___Typing      Ten key by touch      ___ Shorthand      ___ Personal Computer      _Bilingual_____		
Except for minor traffic violations, have you ever been convicted of a felony or a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your license ever been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has a court found evidence substantiating your guilt in a crime and deferred proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the answer is YES to any of the above questions, describe all incidents on an additional sheet of paper.		

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**Applicant Identification**

Legal Last Name	First Name	Middle Name	
Maiden Name		Alias Name(s)	
Mailing Address:			
City	State	Zip	County
Physical Address:		<input type="checkbox"/> Check here if same as mailing address	
City	State	Zip	County
Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Visiting			
Date of Birth: _____		Place of Birth: _____ (city) _____ (State)	
<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Alien		Naturalized Date: _____ State: _____	
Driver's License #	State	Expiration Date	
List any Tattoos or Distinguishing Scars or Marks:			
In Case of Emergency Notify:			
Name: _____		Phone: _____	
Relationship: _____			
Address: _____			

**Background / Qualification Information Agreement**

A comprehensive review and investigation will be conducted to determine your qualifications for the position.

Your employment with the Worth County Sheriff's Office will depend on the information obtained from you and from your interviews. The information we obtain from your references, both personal and professional, is strictly confidential.

It is the practice and policy of the Worth County Sheriff's Office to not discuss the reason(s) for rejection for those applicants who are not accepted for employment.

I have read and agree with the above statement.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers. All entries made by me are true, complete, and correct. I understand that if hired I may be discharged if the information provided by me contains any misrepresentations, falsifications or if any material information has been omitted.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**EMPLOYMENT HISTORY**

You must list the name and title of the person who is/was directly in charge of you.

Employer Name	Phone Number	
Address		
City	State	Zip
Dates Employed	Salary	
Job Title	Duties	Reason for leaving
Supervisor Name	Phone Number	
Employer Name	Phone Number	
Address		
City	State	Zip
Dates Employed	Salary	
Job Title	Duties	Reason for leaving
Supervisor Name	Phone Number	
Employer Name	Phone Number	
Address		
City	State	Zip
Dates Employed	Salary	
Job Title	Duties	Reason for leaving
Supervisor Name	Phone Number	
Employer Name	Phone Number	
Address		
City	State	Zip
Dates Employed	Salary	
Job Title	Duties	Reason for leaving
Supervisor Name	Phone Number	
Employer Name	Phone Number	
Address		
City	State	Zip
Dates Employed	Salary	
Job Title	Duties	Reason for leaving
Supervisor Name	Phone Number	

If contact were mad at this time with your present employer would it jeopardize your position?  Yes  No

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Name	Phone Number	
Address		
City	State	Zip
Name	Phone Number	
Address		
City	State	Zip
Name	Phone Number	
Address		
City	State	Zip

**Personal References**

**Name three persons not related to you who have knowledge of your character**

Name	Phone Number	
Address		
City	State	Zip
Name	Phone Number	
Address		
City	State	Zip
Name	Phone Number	
Address		
City	State	Zip

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

			YES	NO
Have you ever resigned or been asked to resign from any job in lieu of being fired or terminated? If yes explain.				
Have you ever been fired from a job? If yes, explain.				
Have you ever quit a job without giving at least two weeks' notice? If yes, explain.				
The work schedule for this position may require you to work day, evening, or midnight shifts. Are there any specific times that you are unable to work? If yes, list them here.				
MILITARY RECORD			YES	NO
When did you register with the Selective Service? Does not apply to female applicants.				
Were you ever in the ROTC or any similar program in High School or College? If yes, explain.				
Have you ever served in any branch of the US Armed Services? (If no, skip to the next section)				
Branch	Enlistment Date	Discharge Date	Character of Service	
Branch	Enlistment Date	Discharge Date	Character of Service	
What is/was your primary assignment?				
ARRESTS, DETENTIONS, CITATIONS			YES	NO
Have you ever been contacted, questioned, detained, fingerprinted, arrested, or charged with any crime by any law enforcement agency (Civilian or military) whether or not you were arrested? If yes list below:				
Agency	Date	Reason		
Agency	Date	Reason		
Agency	Date	Reason		
Agency	Date	Reason		
List all states where you currently possess a driver's license or have in the past possessed a driver's license. Include the state and license number, if known. Begin with your current license.				
State	License Number	Approximate Date Issued		
State	License Number	Approximate Date Issued		
State	License Number	Approximate Date Issued		
State	License Number	Approximate Date Issued		
Has your driver's license ever been suspended or revoked for any reason? If yes explain:				

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Application History				Yes	No
Have you ever applied with the Worth County Sheriff's Office before this date or any other law enforcement agency for any position? If so, provide the below-requested information. Under the heading "Position", identify the application as a police officer, jailer, dispatcher, ect. Under the heading "Status" explain where you are in that agency's hiring process. Example: "Awaiting test date". Failed physical agility, hired, ect.					
Agency	Position	Date	Status		
Agency	Position	Date	Status		
Agency	Position	Date	Status		
Agency	Position	Date	Status		
Have you ever taken part in a police ride-along program? If yes, what department and when?					
Do you have or have you ever applied for any of the following licenses from the Georgia POST on Law Enforcement Officer Standard and Education: ___ Jailer (Cadet)    ___ Peace Officer (Cadet)    ___ Instructor    ___ Communications Officer ___ Jailer    ___ Peace Officer    ___ Firearm Instructor					
Have you ever had a POST certification sanctioned, suspended, or put on Probation? If yes explain.					
PERSONAL DECLARATIONS				YES	NO
<b>This section covers the use of any controlled substances, dangerous drugs, inhalant or marijuana. "Use" means the introduction into your body by inhaling, smoking, ingesting, tasting, trying, experimenting, or by any other means. In the past two (2) years have you used any of the following:</b>					
Amphetamines (Speed/methamphetamine)					
Barbiturates					
Cocaine					
Codeine (not prescribed)					
Crack Cocaine					
Ecstasy (XTC)					
Hashish					
Heroin					
LSD (acid)					
Marijuana					
Methadone/Methaqualone					
Mescaline					
PCP (angel dust)					
Psilocybin (Mushrooms)					
Steroids (not prescribed)					
Tranquilizers (not prescribed)					
Any other illegal drugs not listed above or prescribed to you? If yes please list					

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**CONSENT FORMS**

Name (First, Middle, Last) \_\_\_\_\_

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

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social: \_\_\_\_\_

Drivers License # : \_\_\_\_\_ State: \_\_\_\_\_

**STOP: THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY**

**Drivers History Consent Form**

I hereby authorize Worth County Sheriff's Office to receive a copy of my Georgia Driver's History information as a part of my application for Criminal Justice Employment or for use relative to the performance of my official duties with the Worth County Sheriff's Office. By signing, you understand that you are agreeing to all of the policies, terms, and conditions.

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

(Must be notarized)

**Name-Based Criminal History Record Information Consent Form**

I hereby authorize Worth County Sheriff's Office 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. By signing, you understand that you are agreeing to all of the policies, terms, and conditions.

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

(Must be notarized)

This instrument was acknowledged before me on \_\_\_\_\_ by: \_\_\_\_\_.

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

Printed Name: \_\_\_\_\_ My Commission expires: \_\_\_\_\_



Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**Affidavit of Application**

As the applicant, I state and understand and/or certify the following:

1. That truthful and complete response in the application process is required.
2. That discovery of intentional omissions or incorrect answers may be a basis for the termination of the application process and may result in criminal prosecution for the offense of False Statements under Georgia Code Section 16-10-20, a felony punishable by a maximum fine of \$1,000 or imprisonment for not less than one (1) nor more than five (5) years or both; and/or for the offense of False Swearing under Georgia Code Section 16-10-71, a felony punishable by a maximum fine of \$1,000 or imprisonment for not less than one (1) nor more than five (5) years or both.
3. That falsification during the application process by an individual hired may result in termination of employment with this agency.
4. That information provided will be verified by either written request, interview, testing, psychological test, drug screening, polygraph exam or computer verification of driver's / criminal and driver's license status; that the present and all former employers will be contacted for information to determine qualifications for employment with the agency.
5. That in the event I achieve agency work performance standards at the end of my probationary period that I will be classified as a regular employee. I also understand that as a regular employee, should my work performance fall below agency standards, that I may be terminated.
6. That in accordance with Georgia law, I accept full and complete responsibility for any and all expenses for my law enforcement training received from my present and any and all previous enforcement agencies.
7. That I fully and completely relieve the Worth County Sheriff's Office and all its employees from any responsibility from the incursion of and debts of expenses from any law enforcement training from my present employer and any and all former employers.
8. That I understand and acknowledge that if any information presented in the application changes between the time I submit the application and any conditional offer of employment is made, that I must advise the Worth County Sheriff's Office of those changes in writing.

By signing your name below, you understand that you are electronically signing this document and are agreeing to all of the policies, terms, and conditions in the above form.

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

(Must be notarized)

**This instrument was acknowledged before me on \_\_\_\_\_ by: \_\_\_\_\_.**

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

**Printed Name: \_\_\_\_\_ My Commission expires: \_\_\_\_\_**

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**CREDIT RELEASE CONSENT FORM**

I hereby authorize your organization to release any and all information of a confident and privileged nature from your files to the Worth County Sheriff's Office.

I understand that in order to process my application for employment with the Worth County Sheriff's Office that my **CREDIT HISTORY** will be obtained by a consumer reporting agency. I understand that the Worth County Sheriff's Office intends to obtain such a report and that I have a right to request that the consumer reporting agency disclose to me, its results.

In authorizing this **CREDIT CHECK**, I hereby release any agencies from **ALL LIABILITY** for any damages whatsoever for issuing this information.

**A photographic copy of this authorization shall be viewed as valid as the original.**

I hereby request your cooperation with the Worth County Sheriff's Office or their acting agent in obtaining any information as stated above. It is understood that the information provided will be held in strict confidence by the Worth County Sheriff's Office.

I understand that this information will be used to determine my qualifications for the position for which I have applied and/or for my continued employment. I further understand and also realize that the information so released be held in the strictest of confidence and may prove unfavorable to my being selected for the position or have an adverse affect on my present employment with the Worth County Sheriff's Office. This release will be in effect for the pre-employment consideration and shall continue to be in effect as long as I am employed by the Worth County Sheriff's Office.

Name (First, Middle, Last) \_\_\_\_\_

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

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social: \_\_\_\_\_

Drivers License # : \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be notarized)

This instrument was acknowledged before me on \_\_\_\_\_ by: \_\_\_\_\_.

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

Printed Name: \_\_\_\_\_ My Commission expires: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

# PRE-EMPLOYMENT BACKGROUND INVESTIGATION

## RELEASE – CONSENT FORM

I hereby authorize your organization to release any and all information of a confident and privileged nature from your files to the Worth County Sheriff's Office including, but not limited to the following

- **From my previous employers:** applications for employment, personnel files and records, disciplinary files and actions, separation notices, training files, background investigation files, supervisor's files and records to include any counseling files, commendations, internal affairs investigation files, citizen complaints of any nature whatsoever regarding my conduct to include the final disposition of the complaints, policy violations and dispositions of such.

I understand that this information will be used to determine my qualifications for the position for which I have applied and/or for my continued employment. I further understand and also realize that the information so released be held in the strictest confidence and may prove unfavorable to my being selected for the position or have an adverse affect on my present employment with the Worth County Sheriff's Office. This release will be in effect for the pre-employment consideration and shall continue to be in effect as long as I am employed by the Worth County Sheriff's Office.

I, therefore, release your organization and/or designated representative from and all liability resulting from the disclosure of this confidential and privileged information.

Name (First, Middle, Last) \_\_\_\_\_

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

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social: \_\_\_\_\_

Drivers License # : \_\_\_\_\_ State: \_\_\_\_\_

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

(Must be notarized)

This instrument was acknowledged before me on \_\_\_\_\_ by: \_\_\_\_\_.

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

Printed Name: \_\_\_\_\_ My Commission expires: \_\_\_\_\_

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize Worth County Sheriff's Office to conduct an inquiry for  
Agency/Company  
 the purpose listed below and receive any Georgia and/or national criminal history record information  
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Name of Potential Employer: \_\_\_\_\_  
 Position applying for: \_\_\_\_\_

I, X \_\_\_\_\_, give consent to the above-named  
 entity to perform periodic criminal history background checks for the duration of my employment.

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

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

NON-CRIMINAL JUSTICE PURPOSES	
	E - Employment (Adoption, record restrictions, volunteer work)
	M - Working with Mentally Disabled
	N - Working with Elderly
	W - Working with Children
	P - Public Records (no consent required)
	F - Probate Court / Weapons Carry License /Return Firearm
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
	J - Civilian Criminal Justice Employment (State & III Info Received)
	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

	No Criminal Record Available
	Criminal Record (Attached/Released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

Agency Designee Signature and Title

**GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL**

**PO Box 349**

**Clarkdale, Georgia 30111-0349**

**Mike Ayers**  
**Executive Director**



**Telephone: (770) 732-5604**  
**Fax: (770) 732-5952**

As a professional member of the law enforcement profession in Georgia, I realize that I am held to a very high standard of professional conduct. As a certified peace officer or criminal justice professional, I freely accept this responsibility without reservation. I acknowledge that the following issues could result in serious adverse action taken against me. Those actions could result in sanctions up to and including the loss of my certification.

- 1) A conviction, plea of guilty, plea of no contest or admission of guilt (regardless of withheld adjudication) to a felony, a crime punishable by a sentence of more than one year, or a crime of moral turpitude in this or any other jurisdiction;
- 2) Unlawful use of a controlled substance;
- 3) The use of excessive or unwarranted force in dealing with the public and/or prisoners;
- 4) Dangerous or unsafe practices involving firearms or their security, weapons, or vehicles which indicate either a willful or wanton disregard for the safety of persons or property;
- 5) Physical or psychological abuse of members of the public or prisoners;
- 6) Any act of domestic violence;
- 7) Misrepresentation of employment-related information;
- 8) Willfully making a false, misleading, incomplete, deceitful or incorrect statement(s) to a law enforcement officer, agency, or representative, except when required by departmental policy or by the laws of this state;
- 9) Willfully making a false, misleading, incomplete, deceitful, or incorrect statement(s) to any court of competent jurisdiction, or to their staff members, whether under oath or not;

- 10) Willfully providing a false, misleading, incomplete, deceitful, or incorrect information on a document, record, report, or form, except when required by departmental policy or the laws of this state;
- 11) Willfully cheating or aiding another in cheating on any required testing procedures conducted in the scope of one's official duties. Note: No superior officer appointed over you has the authority to compel you to cheat or authorize you to cheat and as such, this is not a valid defense;
- 12) Willfully obeying the direction of a superior officer who has issued an apparent unlawful command or order. When uncertain as to the legitimacy or legality of the command it is incumbent upon me to seek clarification from the issuing officer or that officer's superior.

I fully understand the importance of professional conduct and that the public has every right to hold its public servants at the highest level of professional and personal conduct. Having freely volunteered to seek employment in this occupational field, I agree to these standards of conduct and understand their requirements. I further understand that should I decide to violate any of these standards, the Georgia Peace Officer Standards and Training Council has the authority to impose sanctions upon me up to and including the revocation of my certification.

I have read the foregoing conditions and I fully understand them. Should I fail to understand any portion of this agreement I accept that it is incumbent on me to seek additional explanation from a superior officer or by contacting a representative of Georgia POST Council by calling (770) 732-5604. I freely and voluntarily agree to the complete terms of this document and agree to be bound by the conditions of this agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Printed Name



Georgia Peace Officer Standards & Training Council  
*Application for Certification*

**PERSONAL HISTORY RELEASE**

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photo copy 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.

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

Last Name		First Name	Middle Name
DATE OF BIRTH <i>(mdyyyy)</i>	MAIDEN NAME		PHONE NUMBER <i>(AREA CODE) - NUMBER</i> (    )-    -
Social Security Number:			
EMAIL ADDRESS			
ADDRESS: <i>Street</i>			Apartment/Unit#
City:	State:	Zip Code:	

\_\_\_\_\_  
Candidate Signature (including maiden name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date

## Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.



## Privacy Act Statement

*This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principle Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

**Applicant Privacy Rights  
Notification Signature Form**

**Applicant Notification and Record Challenge:**

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

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Signature

Print Name

Date