

# **BACKGROUND PACKET INSTRUCTION SHEET**

The applicant must complete the enclosed forms accurately and completely. Do not leave any blank spaces. **Type or clearly write all answers to questions on the background investigation forms.** It is to your advantage to **BE ABSOLUTELY TRUTHFUL** in answering all questions on your application and during all interviews. A false statement or the omission of requested information is grounds for automatic rejection before appointment or termination after employment. Often, an applicant is disqualified from the hiring process due to falsification or omission of information that would not have disqualified them otherwise. If you answer "yes" to a question, you need to be complete in explaining the circumstances. Do not omit an explanation because you think the incident was minor and of no importance. If the space on the pages marked "explanation sheet" is insufficient to complete your answers, please attach supplementary pages.

The following documents are **required to begin the application process** and must be returned with this packet.

- **A COPY OF YOUR HIGH SCHOOL DIPLOMA, CERTIFIED TRANSCRIPTS, OR G.E.D. CERTIFICATE**
- **A COPY OF YOUR BIRTH CERTIFICATE – FROM THE BUREAU OF VITAL STATISTICS**
- **A COPY OF YOUR CURRENT/VALID DRIVER'S LICENSE**

The following documents **are required if they are applicable to you** and must be returned during the background process.

- **DD214 FORM, SHOWING AN HONORABLE DISCHARGE (IF A VETERAN)**
- **CERTIFIED COLLEGE TRANSCRIPTS (SEALED)**
- **NAME CHANGE DOCUMENTS (I.E., MARRIAGE LICENSE, COURT ORDER, ETC.)**
- **CITIZENSHIP PAPERS**
- **COPY OF BANKRUPTCY DISCHARGE PAPERS**

The completed background packet will be brought by you to the City of Jasper Police Department at GG Lovell Street, Suite A, Jasper, GA 30143 as scheduled (emailed if you are out of State).

**\*\*NOTE: Some pages require Notary and a Witness. Please have your background packet witnessed and notarized prior to your appointment.**

Upon submission, your background investigation packet will be reviewed for completeness. All supporting documents will need to be turned in during the background phase of the hiring process. Applicants whose materials are complete, and who meet minimum requirements, will be scheduled for a series of examinations. Applicants will be notified of date, time and place of the examinations. If you pass these exams, a thorough background investigation will be conducted. A medical examination and an in-person psychological interview will be required upon offer of employment.

If you have any questions concerning this process, please call at **(706) 692-9110**

# CITY OF JASPER

## CAREERS IN GOVERNMENT

The City of Jasper is an Equal Opportunity Employer and does not discriminate on the basis of Race, Sex, Age, National Origin, Religion, Sexual Orientation or Physical Disability (except where physical requirements constitute a bona fide occupational qualification).

**STARTING PAY:** An applicant's starting pay will be based on their rank, education, and training.

RANK	MINIMUM ANNUAL PAY	MAXIMUM ANNUAL PAY

**DUTIES AND RESPONSIBILITIES:** A police officer performs a wide range of tasks to promote public safety and security. This includes crime prevention, general enforcement of the law and related work as required. The duties of a police officer include, but are not limited to: patrolling, crime detection, investigation, and traffic enforcement.

### **MINIMUM REQUIREMENTS:**

- \*UNITED STATES CITIZEN
- \*MINIMUM AGE OF 20
- \*VETERANS MUST HAVE AN HONORABLE DISCHARGE
- \*A VALID US DRIVER'S LICENSE
- \*A HIGH SCHOOL DIPLOMA OR GED CERTIFICATE
- \*VISUAL ABILITY **CANNOT BE LESS THAN 20/100** IN EACH EYE UNCORRECTED, AND MUST BE CORRECTED TO 20/20 WITH GLASSES, CONTACT LENSES, OR RK SURGERY.

A thorough background investigation will be conducted by the Jasper Police Department, Upon an offer of employment on all applicants who pass the initial phase of the application process. The background investigation includes, but is not limited to the following: polygraph examination, fingerprinting, criminal/driver's history, and employment history, a psychological interview and a medical examination.

**POLICE ACADEMY TRAINING:** Police recruits will receive a minimum of 404 hours of classroom instruction/training at a GPOST Certified Regional Police Academy and 480 hours of field training. Each recruit must qualify on the Georgia Double Action/Semiautomatic Pistol Course and pass the Emergency Vehicle Operations Course (EVOC).

# PERSONAL DATA

**\*Applicants must reside within a 30 mile radius of the City Limits of Jasper for take home vehicle.**

**Social Security Number:** \_\_\_\_\_

**In which state was your SS# issued?** \_\_\_\_\_

Today's Date: \_\_\_\_\_

**How long have you lived at current address?**

\_\_\_\_\_  
**Years**

\_\_\_\_\_  
**Months**

Full Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Middle Name

Home Address: \_\_\_\_\_  
Street Number (or PO BOX #) Street Name

\_\_\_\_\_  
City State Zip Code

## **Telephone Numbers: Area Code + Phone Number**

Home Telephone Number: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Cellular Telephone Number: \_\_\_\_\_

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

## **Citizenship**

Are you a citizen of the United States? Yes No

If "no", are you a permanent resident? Yes No

Are you: Natural Born

Need Certified Copy of your birth certificate from the Bureau of Vital Statistics in the state you were born.

Naturalized

Need original Naturalization Papers

Resident Alien

Need Alien Registration ("Green Card")

**Place of Birth:** \_\_\_\_\_  
City County State/Country

**When would you be available to begin employment?** \_\_\_\_\_

**PERSONAL DATA (continued)**

**Have you ever used another name or had your name changed?** Yes    No

Note: This includes, but is not limited to, Maiden Names, Former Married Names, Adopted Names, Nicknames, etc. If Yes, fill in the information in the table below.

Previous Name	Date of Change	Location of Change	Reason for Change

**In case of an emergency, please list someone we can contact:**

Name of Person to Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Address    City    State    Zip Code \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

**Were you referred by a Jasper Police Officer?** Yes\_\_    No\_\_

**If so, who?** \_\_\_\_\_

**Have you filed an application with the City of Jasper before?** YES\_\_    NO\_\_

Position(s) last applied for and date: \_\_\_\_\_

Are you presently employed by the City of Jasper?    \_\_ YES \_\_ NO

If YES, list: Department \_\_\_\_\_ Date Hired \_\_\_\_\_

**Have you been employed previously by the City of Jasper?** YES\_\_    NO\_\_

**If so, did you leave in good standing?** YES\_\_    NO\_\_

If YES: Date(s) started \_\_\_\_\_ Date(s) left \_\_\_\_\_ Position(s) Held \_\_\_\_\_

**Do you hold a valid driver's license?** YES\_\_    NO\_\_

License Number \_\_\_\_\_ State \_\_\_\_\_ Expires on \_\_\_\_\_

# EDUCATION

**If you graduated from high school, complete the following information:**

\_\_\_\_\_  
Name of High School      Dates Attended: From/ To

\_\_\_\_\_  
Street Number      Street Name      City      State      Zip

\_\_\_\_\_  
Telephone Number      Date Graduated

**If you received a GED certificate, complete the following information:**

\_\_\_\_\_  
Name of School      (If School No Longer Exists, List Name Of the Local Board Of Education)

\_\_\_\_\_  
Complete Mailing Address of School      (If School No Longer Exists, List the Address Of The Local Board Of Education)

\_\_\_\_\_  
Year GED Obtained      State GED Obtained

**List any degrees that you have received: Such as A.A., A.A.S., B.S., M.P.A., ETC.**

\_\_\_\_\_  
Type of Degree      Major and Minor Area of Study      Year Received

\_\_\_\_\_  
Type of Degree      Major and Minor Area of Study      Year Received

**Since high school, have you ever been expelled or suspended from any school or been disciplined by any school official?**      Yes      No      If YES, explain:

**NOTE:** The applicant is responsible for furnishing JPD with a COPY OF HIS/HER HIGH SCHOOL DIPLOMA and SEALED COLLEGE TRANSCRIPTS (where applicable) at the applicant's own expense.

**EDUCATION (continued)**

**List below any colleges, universities, vocational/technical schools/graduate schools that you have attended:**

NAME OF SCHOOL	COMPLETE ADDRESS (INCLUDE STREET NUMBER, STREET NAME, CITY, STATE AND ZIP CODE)	DATES ATTENDED (MONTH AND YEAR)		MAJOR COURSE OF STUDY	DID YOU GRADUATE?
		FROM	TO		

**List any foreign language that you have learned and the extent of your proficiency:**

Language \_\_\_\_\_ proficiency    some    moderate    fluent

Language \_\_\_\_\_ proficiency    some    moderate    fluent

**List any other specialized training:**

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## LAW ENFORCEMENT EXPERIENCE

List all public safety agencies that you have applied with (law enforcement, fire department, correctional, etc.) Include agency name, date you applied, and how far you got in their hiring process. Also list contact name (if available).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List the number of years and months experience as a certified law enforcement officer:

YEARS \_\_\_\_\_ MONTH \_\_\_\_\_

List your P.O.S.T. Certification Number: \_\_\_\_\_

In the table below, list any and all disciplinary action received while working in a law enforcement position. Include any oral or written reprimands, suspensions, demotions or terminations; date of the action; reason for the action (i.e., auto accident, insubordination, violation of departmental policy, etc); and indicate whether you are currently involved in an open Internal Affairs investigation.

Name of Agency (Include address)	Type of disciplinary action	Date of action	If an Internal Affairs investigation; open or closed	Reason for disciplinary action

## MILITARY SERVICE

**Have you ever attempted to enlist in any branch of the United States Armed Forces? This can also include Reserves, National Guard, or Coast Guard.**

YES NO If YES, what branch \_\_\_\_\_

**Have you ever served in any branch of the United States Armed Forces? This can also include Reserves, National Guard, or Coast Guard.**

YES NO If YES, what branch \_\_\_\_\_

**What type of military discharge did you receive? (Honorable, Dishonorable, General, Under Honorable Conditions, Entry Level Separation, Medical, etc.) Be Specific:**

\_\_\_\_\_

**Have you ever served in any branch of a foreign military?**

YES NO If YES, what branch \_\_\_\_\_

**Have you ever been involved in, or been accused of being involved in, a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.?**

YES NO If YES, fully explain on an attached sheet of paper

**APPLICANTS WHO HAVE SERVED IN THE MILITARY MUST COMPLETE THE FOLLOWING:**

BRANCH OF SERVICE	ENLISTMENT PERIOD	HIGHEST RANK HELD	SERVICE NUMBER

**Have you ever been court-martialed, tried on charges, or subject of an Article 15, company punishment, OR ANY OTHER disciplinary action while a member of any branch of the Armed Forces?**

YES NO If YES, fill in the information in the table below and explain offense(s) in detail on an attached sheet of paper.

TYPE OF DISCIPLINARY ACTION	BRANCH OF SERVICE	DATE OF ACTION	DISPOSITION OF ACTION

## Marital Status and Family Information

### Spouse (if applicable)

Name: \_\_\_\_\_  
Last First Middle Maiden

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City/County/State

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Employers Address (number, street, city, state) \_\_\_\_\_ Telephone \_\_\_\_\_

### Former Spouse (if applicable)

Name: \_\_\_\_\_  
Last First Middle Maiden

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City/County/State

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Employers Address (number, street, city, state) \_\_\_\_\_ Telephone \_\_\_\_\_

### Former Spouse (if applicable)

Name: \_\_\_\_\_  
Last First Middle Maiden

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City/County/State

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Employers Address (number, street, city, state) \_\_\_\_\_ Telephone \_\_\_\_\_

**List other family members living in your household.**

**Name:** \_\_\_\_\_  
Last First Middle Maiden

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City/County/State

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Employer Employers Address (number, street, city, state) Telephone

Relationship: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle Maiden

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City/County/State

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Employer Employers Address (number, street, city, state) Telephone

Relationship: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle Maiden

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City/County/State

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Employer Employers Address (number, street, city, state) Telephone

Relationship: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle Maiden

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City/County/State

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Employer Employers Address (number, street, city, state) Telephone

Relationship: \_\_\_\_\_

# CHARACTER / SOCIAL REFERENCES

Provide four (4) references (not relatives, those within your household, or employers) who are responsible adults of reputable standing in their communities, such as heads of households, property owners, business or professional men or women, who have known you well for the past five (5) years. Please confirm that all addresses and telephone numbers are current before you submit the application.

## REFERENCE 1

NAME		RELATIONSHIP	HOME PHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION	BUSINESS TELEPHONE NUMBER		EMAIL		

## REFERENCE 2

NAME		RELATIONSHIP	HOME PHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION	BUSINESS TELEPHONE NUMBER		EMAIL		

## REFERENCE 3

NAME		RELATIONSHIP	HOME PHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION	BUSINESS TELEPHONE NUMBER		EMAIL		

## REFERENCE 4

NAME		RELATIONSHIP	HOME PHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION	BUSINESS TELEPHONE NUMBER		EMAIL		

## NEIGHBOR/LANDLORD REFERENCES

Provide three (3) current or recent neighbors or landlord references. The neighbor reference may live next door to you or within three (3) houses or apartments in any direction of your residence. Do not list references that are related to you by blood or marriage. All persons may be asked to appraise your character, ability, experience, personality, and other qualities. Please confirm that all addresses and telephone numbers are current before you submit the application.

### REFERENCE 1

NAME		RELATIONSHIP	LENGTH OF TIME KNOWN	
HOME STREET #	STREET NAME	CITY	STATE	ZIP CODE
OCCUPATION	BUSINESS TELEPHONE NUMBER	HOME TELEPHONE NUMBER		

### REFERENCE 2

NAME		RELATIONSHIP	LENGTH OF TIME KNOWN	
HOME STREET #	STREET NAME	CITY	STATE	ZIP CODE
OCCUPATION	BUSINESS TELEPHONE NUMBER	HOME TELEPHONE NUMBER		

### REFERENCE 3

NAME		RELATIONSHIP	LENGTH OF TIME KNOWN	
HOME STREET #	STREET NAME	CITY	STATE	ZIP CODE
OCCUPATION	BUSINESS TELEPHONE NUMBER	HOME TELEPHONE NUMBER		



# EMPLOYMENT HISTORY

In the following tables, list all jobs worked in the LAST 15 YEARS. Include military, volunteer experience, self-employment, internships, periods of unemployment, ANY part-time work, and ANY full-time work. For any gap of unemployment, write UNEMPLOYED under the "NAME OF ORGANIZATION" and explain your means of support (i.e. spouses income, parents, unemployment benefits, etc.). Be prepared to show supporting documentation such as tax returns, Dept. Of Human Resources letters, etc. Failure to properly complete the employment history section may result in your disqualification. A resume may be attached only as additional information and will not be accepted in lieu of completing this section. Follow the example:

## EXAMPLE JOB 1

NAME OF ORGANIZATION OR COMPANY CODE)	TELEPHONE (INCLUDE AREA	DATES EMPLOYED: FROM MO/YR TO MO/YR
Nelson Police Department	(770)735-2211	6/1998 Present
COMPLETE ADDRESS: 1985 Kennesaw Avenue Nelson, GA 30151		TOTAL TIME EMPLOYED: 4 years
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR:	OUT OF BUSINESS? YES NO
Police Officer	Sgt. John Doe	YES
DESCRIBE SPECIFIC JOB DUTIES: Patrol officer. Responsible for answering calls for service, report writing, and accident investigation.		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED
END OF ASSIGNMENT		

## EXAMPLE JOB 2

NAME OF ORGANIZATION OR COMPANY CODE)	TELEPHONE (INCLUDE AREA	DATES EMPLOYED: FROM MO/YR TO MO/YR
Bruce Construction	(770)555-6979	1/1995 6/1998
COMPLETE ADDRESS: 7675 Peachtree Industrial Blvd. Norcross, GA 32222		TOTAL TIME EMPLOYED: 3 years / 6 months
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR:	OUT OF BUSINESS? YES NO
Construction Foreman	Roy Davis	YES - 1993
DESCRIBE SPECIFIC JOB DUTIES: Supervised 20 construction laborers. Responsible for safety rules compliance, payroll, and inventory control.		
SPECIFIC REASON FOR LEAVING: Company went out of business in 1993 - lay off		
FIRED	LAY OFF	RESIGNED
END OF ASSIGNMENT		

**EMPLOYMENT HISTORY - LIST JOBS IN DESCENDING ORDER BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB.**

**JOB 1**

NAME OF ORGAINZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED END OF ASSIGNMENT

**JOB 2**

NAME OF ORGANIZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED END OF ASSIGNMENT

**JOB 3**

NAME OF ORGANIZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED END OF ASSIGNMENT

**EMPLOYMENT HISTORY (continued)**

**JOB 4**

NAME OF ORGAINZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED
		END OF ASSIGNMENT

**JOB 5**

NAME OF ORGAINZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED
		END OF ASSIGNMENT

**JOB 6**

NAME OF ORGAINZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED
		END OF ASSIGNMENT

**EMPLOYMENT HISTORY (continued)**

**JOB 7**

NAME OF ORGANIZATION OR COMPANY		TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:			TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR		OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			
FIRED	LAY OFF	RESIGNED	END OF ASSIGNMENT

**JOB 8**

NAME OF ORGANIZATION OR COMPANY		TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:			TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR		OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			
FIRED	LAY OFF	RESIGNED	END OF ASSIGNMENT

**JOB 9**

NAME OF ORGANIZATION OR COMPANY		TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:			TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR		OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			
FIRED	LAY OFF	RESIGNED	END OF ASSIGNMENT

# APPLICATION QUESTIONNAIRE

**Instructions:** If you answer “yes” to questions 3-28, you must explain the “yes” answer fully on the following explanation sheet. Remember to indicate the question number that you are addressing. Failure to follow instructions will result in disqualification.

	YES	NO
1. Will you consent to a thorough background investigation of your character?	_____	_____
2. Will you consent to a rigid medical examination by a physician, upon conditional offer of employment?	_____	_____
3. Have you ever been rejected for employment, for any reason, by any law enforcement agency? If “yes”, what agency and why.	_____	_____
4. Have you ever been terminated by any law enforcement agency? If “yes”, give the date of termination and reason for termination.	_____	_____
5. Have you ever been terminated or asked to resign from <b>ANY</b> job? If “yes”, list the name of the job(s), dates of employment, and reason for termination or resignation under pressure.	_____	_____
6. Have you <b>EVER</b> been physically arrested or given a copy of charges for violation of any city, municipal, state, or federal law?	_____	_____
7. Have you <b>EVER</b> appeared in any court (including juvenile) as a defendant to answer any city, municipal, state, or federal criminal charge? If so, give the court in which you appeared and the disposition of the case (i.e. conviction, First Offenders, charges dismissed, etc).	_____	_____
8. Have you <b>EVER</b> been detained by any law enforcement representative, been the subject of any criminal investigation, or been named as the accused on a warrant? If “yes”, explain in detail.	_____	_____
9. Have you <b>EVER</b> received any tickets for traffic violations (excluding parking tickets) on any license that you have held since you began driving? If “yes”, list type of violation, date received, jurisdiction, and disposition (i.e. fine, suspension, charges dismissed).	_____	_____
10. Have you <b>EVER</b> consumed any drugs prescribed for another person? If “yes”, please explain, providing name or type of drug(s), dates, number of times taken:	_____	_____
11. Have you <b>EVER</b> used, tried, ingested, or experimented with marijuana (including as a juvenile or even one experimental use)? If “yes”, write the date of the first use and the date of the last use.	_____	_____
12. Have you <b>EVER</b> used, tried, ingested, or experimented with <b>ANY</b> other type of illegal narcotics or dangerous drugs (i.e. heroin, cocaine, hashish, speed, lsd, anabolic steroids, etc.)? If “yes” indicate what type of drug and when you used it?	_____	_____
13. Have you <b>EVER</b> sold any type of illegal drug, delivered illegal drugs, shared drugs with another person, or directed another person where to buy drugs? If yes, indicate what type of drug and when.	_____	_____
14. Have you ever filed or declared bankruptcy, had any judgments, repossessions, foreclosures, or collections?	_____	_____
15. Do you know of anything that might prevent you from obtaining the position you have applied for?	_____	_____
16. Have you ever been a Plaintiff or Defendant in a lawsuit?	_____	_____

	<b>YES</b>	<b>NO</b>
17. Have you ever had your wages garnished?	_____	_____
18. Are there any unpaid judgments against you?	_____	_____
19. Are you delinquent in property taxes or other taxes?	_____	_____
20. Have you ever had a charge, complaint, or lawsuit filed against you alleging the use of excessive force?	_____	_____
21. Have you ever had a charge, complaint, or lawsuit filed against you alleging false arrest?	_____	_____
22. Have you ever been a complainant, victim, or been involved in a complaint of domestic violence?	_____	_____
23. Do you have any visible tattoos and/or brands? Visible is defined as the area that is exposed to public view in short sleeves or the areas that are exposed in shorts. If yes, provide location and meaning of each one on the explanation sheet.	_____	_____
24. Are you now or have you ever been, engaged in any business as an owner, partner, or corporate member?	_____	_____
25. Have you received written reprimands from supervisors or employers for not doing your job correctly or conduct violations?	_____	_____
26. Have you been counseled or received warning for being late or absent from work?	_____	_____
27. Have you ever been suspended from a job for a period of time with or without pay?	_____	_____
28. Have you purposely omitted any information from your employment application?	_____	_____
29. Are you available to work any hour of the day, day of the week, including holidays and be available during unusual occurrences for call-outs?	_____	_____
30. Did you file Federal and State Income Taxes last year?	_____	_____
31. Were you able to understand all of the questions in this application?	_____	_____







# SWORN STATEMENT

I HEREBY SWEAR THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE. I ALSO UNDERSTAND THAT ANY MISSTATEMENTS, OMISSIONS, OR FALSIFICATIONS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION AND TERMINATION FROM THE HIRING PROCESS, AND COULD RESULT IN CRIMINAL PROSECUTION UNDER OCGA sec. 16-10-20.

\_\_\_\_\_  
APPLICANT'S FULL LEGAL NAME (PRINT)

\_\_\_\_\_  
RECEIVING OFFICER'S SIGNATURE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY PUBLIC

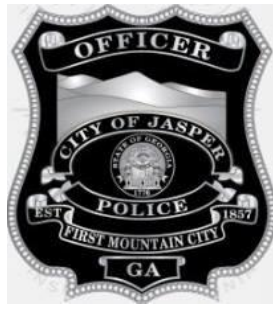
\_\_\_\_\_  
DATE

EST. 1857

JASPER

GEORGIA

Matt Dawkins  
Chief of Police



55 GG Lovell Street  
JASPER, GA 30143  
706.692.9110

## *JASPER POLICE DEPARTMENT*

### Notification of Intent to Recover Training Expenses O.C.G.A § 35-8-22

This communication is intended to notify non-mandated / certified employees of our intent to recover, or seek reimbursement for, any and all actual expenses incurred in mandated or formalized training should an employee obtain employment with another Law Enforcement Agency for any period less than twenty-four (24) months following his or her mandated or formalized training.

In accordance with O.C.G.A § 35-8-22, titled "Reimbursement of training expenses by subsequent employer of peace officer; collection procedure" this agency (JPD) retains the right to seek reimbursement from the hiring agency for the total expense of training, including salary paid during training, if hired by another agency within 15 months of completing mandated or formalized training. If the peace officer is hired during a period of 15 to 24 months, following mandated or formalized training, the current agency (JPD) reserves the right to seek reimbursement from the hiring agency for one-half (1/2) of the total expense of training.

Effective July 1, 2003, in order for the State of Georgia or any County or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgment of the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officer's employment with the demanding governmental unit.

For your reference, a copy of the POST Policy Statement covering O.C.G.A § 35-8-22 is attached to this agreement. By signing this agreement, you are acknowledging receipt of said policy, and you understand and agree to the content contained herein.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Chief of Police - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Police - Printed Name



## POST Policy Statement O.C.G.A. § 35-8-22

O.C.G.A. § 35-8-22 titled "*Reimbursement of training expenses by subsequent employer of peace officer; collection procedure*" states that the Council shall set standards for reimbursement by hiring agencies or peace officers based upon actual expenses incurred in mandated or formalized training by individual departments.

The code section stipulates that if a peace officer is hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the agency who initially paid for such training.

If the peace officer is hired during a period of 15 to 24 months after mandated or formalized training requirements are completed, then one-half(½) of the total expense of training shall be reimbursed by the hiring agency to the agency who initially paid for such training.

### Definitions:

**Mandated Training-** training which is required by state law. The basic training course identified in O.C.G.A. § 35-8-9 is the only course "mandated" by state law.

**Formalized Training-** training identified in an agency's standard operating procedure (S.O.P.) manual which dictates training that all new basic recruits must complete as part of their employment with the hiring agency.

Since the State of Georgia bears the tuition cost for the majority of Georgia's peace officers, it does not become an issue when attempting to seek reimbursement. Reimbursement of the officer's salary paid during training is typically the only issue.

The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment by the hiring agency and may enforce collection of such obligation through civil remedies and procedures. (O.C.G.A. § 35-8-22(b))

NOTE: Effective July 1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgment of the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officer's employment with the demanding governmental unit. (O.C.G.A. § 35-8-22(c))

**The Georgia Peace Officer Standards and Training Council does not play a part in the enforcement of this act since it is a civil matter.**

*Revised July 1, 2003*

JASPER POLICE DEPARTMENT

**SHIFT/OFF DAY ACKNOWLEDGEMENT**

I UNDERSTAND AND I AM AWARE THAT THE JASPER POLICE DEPARTMENT IS A SEVEN DAY A WEEK, TWENTY-FOUR HOUR A DAY OPERATION.

I UNDERSTAND AND AGREE TO BE ASSIGNED TO ANY ROTATION, (8 HOUR, 10 HOUR, 12 HOUR), OR ANY SHIFT (DAY OR NIGHT) AND HOLIDAYS, BUT WILL ALSO BE ASSIGNED DAYS OFF.

I FURTHER UNDERSTAND AND AGREE THAT IN THE EVENT OF AN UNUSUAL OCCURRENCE, I MAY BE CALLED IN TO WORK DURING MY REGULARLY SCHEDULED OFF DAY.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

**EMPLOYMENT WAIVER**

I, \_\_\_\_\_, HEREBY ACKNOWLEDGE THAT I FULLY UNDERSTAND THAT MY EMPLOYMENT WITH THE JASPER POLICE DEPARTMENT IS CONTINGENT ON THE RESULTS OF THE INVESTIGATION OF MY BACKGROUND.

FURTHERMORE, I FULLY UNDERSTAND THAT IF THIS INVESTIGATION REVEALS ANY INFORMATION THAT WOULD PROHIBIT MY CONTINUED EMPLOYMENT WITH THIS DEPARTMENT THAT MY APPOINTMENT IS SUBJECT TO IMMEDIATE TERMINATION.

I, \_\_\_\_\_, WITHOUT ANY COERCION, VOLUNTARILY AGREE TO EXECUTE AND SIGN THIS WAIVER.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

# JASPER POLICE DEPARTMENT

## POLYGRAPH EXAMINATION

I UNDERSTAND AND AGREE TO VOLUNTARILY SUBMIT TO AN EXAMINATION BY A PROFESSIONAL POLYGRAPHER PRIOR TO BEING ACCEPTED FOR EMPLOYMENT WITH THE SANDY SPRINGS POLICE DEPARTMENT.

THE UNDERSIGNED PERSON ALSO UNDERSTANDS AND AGREES THAT HE OR SHE WILL VOLUNTARILY SUBMIT TO AN EXAMINATION BY A PROFESSIONAL POLYGRAPHER AT ANY TIME DURING THEIR EMPLOYMENT WITH THE JASPER POLICE DEPARTMENT.

THE UNDERSIGNED PERSON ALSO UNDERSTANDS AND AGREES TO RELEASE, ABSOLVE, AND FOREVER HOLD THE JASPER POLICE DEPARTMENT, ITS OFFICERS, AGENTS AND EMPLOYEES; AND THE PROFESSIONAL POLYGRAPHER, POLYGRAPH FIRM CONDUCTING THE POLYGRAPH EXAMINATIONS, THEIR AGENTS, OFFICERS AND EMPLOYEES FROM ANY LIABILITY RESULTING FROM THE OPERATION OF THE EQUIPMENT OR USE OF THE RESULTS OBTAINED THEREFROM. THIS ALSO APPLIES TO ANY AND ALL SUITS, ACTIONS, OR CAUSES OF ACTIONS AT LAW, CLAIM, DEMAND, OR LIABILITY WHICH THE UNDERSIGNED, HIS OR HER SUCCESSORS, ASSIGNS, HEIRS, EXECUTORS, OR ADMINISTRATORS HAVE NOW OR MAY EVER HAVE RESULTING DIRECTLY, OR REMOTELY FROM THE UNDERSIGNED PERSON HAVING TAKEN SAID POLYGRAPH EXAMINATION.

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SIGNATURE

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WITNESS

---

DATE

EST. 1857

JASPER

GEORGIA

**JASPER POLICE DEPARTMENT CONSENT FORM**

I, \_\_\_\_\_, DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS CONCERNING MYSELF TO ANY DULY AUTHORIZED AGENT OF THE CITY OF JASPER POLICE DEPARTMENT, OR TO ANY AUTHORIZED AGENT OF A CRIMINAL JUSTICE AGENCY OR ANY PRIVATE AGENCY UPON REQUEST OF THE CITY OF JASPER POLICE DEPARTMENT, WHETHER THE SAID RECORDS ARE OF A PUBLIC, PRIVATE, OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORDS OF MILITARY SERVICE RECORDS, "AUTHORITY TO RELEASE LAW ENFORCEMENT OR CRIMINAL RECORDS OR INFORMATION FROM A LAW ENFORCEMENT AGENCY;" EDUCATIONAL INSTITUTIONS; FINANCIAL OR CREDIT INSTITUTIONS, INCLUDING RECORDS OF LOANS, THE RECORDS OF COMMERCIAL OR RETAIL CREDIT AGENCIES (INCLUDING CREDIT REPORTS AND/OR RATING) AND FINANCIAL STATEMENTS AND RECORDS WHEREVER FILED; MEDICAL AND PSYCHIATRIC TREATMENT AND/OR CONSULTATION INCLUDING HOSPITALS, CLINICS, PRIVATE PRACTITIONERS, AND THE U.S. VETERAN'S ADMINISTRATION; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS, INCLUDING BACKGROUND 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; AND SOCIAL NETWORKING MEDIA.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION, WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION, WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR EMPLOYMENT BY THE CITY OF JASPER POLICE DEPARTMENT. I ALSO CERTIFY THAT ANY PERSON(S) WHO MAY FURNISH SUCH INFORMATION CONCERNING ME SHALL NOT BE HELD ACCOUNTABLE FOR GIVING THIS INFORMATION; AND I HEREBY RELEASE SAID PERSON(S) FROM ANY AND ALL LIABILITY, WHICH MAY BE INCURRED AS A RESULT OF FURNISHING SUCH INFORMATION.

I ALSO AGREE TO PAY ANY AND ALL CHARGES OR FEES CONCERNING THIS REQUEST AND CAN BE BILLED FOR SUCH CHARGES AT THE BELOW LISTED ADDRESS.

A PHOTOCOPY 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.

\_\_\_\_\_  
APPLICANT SIGNATURE (include maiden name)

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPLETE ADDRESS

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

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.

*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 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

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

I hereby authorize City of Jasper Police Department 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

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

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

\_\_\_\_\_  
Attorney for Individual (Pur E and U Only) \_\_\_\_\_  
Bar Number \_\_\_\_\_  
Date

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

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

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

\_\_\_\_\_  
Agency Designee Signature and Title

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

City of Jasper Police Department  
 List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

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

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	