Name-Based Criminal History Record Information Consent/Inquiry Form

_to conduct a Criminal

		rpose listed below and rece zed by state and federal law	eive any Georgia and/or national criminal v.
** ALL FIELDS ARE	E REQUIRED		
FULL NAME (PRINT)	AME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID		
LAST		FIRST	MIDDLE
D. I.S.		ADDRESS	NASSEE
STREET			
CITY, STATE ZIP			
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
MALE FEMALE	WHITE BLACK ASIAN		
UNKNOWN	HISPANIC UNKNOWN		I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER
		days fron	
_	ent to the above-nam he duration of my er		dic criminal history background
Signature			Date
Purpose Code Use		On agreement Highler Burn	
T		ON-CRIMINAL JUSTICE PUR	POSES
E – Employ	yment / Volunteer W	'ork / Tenancy	
M - Workir	ng with Mentally Dis	abled PROVIDING 24/7 CAR	RE – NOT for Volunteer work
N - Workin	ng with Elderly – NOT	for Volunteer work	
W - Workii	ng with Children NO	T A VOLUNTEER – NOT for V	/olunteer work

ORI STAMP REQUESTED

I hereby authorize_



Client Code:

310 State Highway 325 Blairsville, GA 30512 877-246-5059 (fax) info@factsondemand.com

DISCLOSURE REGARDING BACKGROUND CHECK

. ("the Company") and FOD may obtain information about you from a third party consumer reporting agency for Employment purpose. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history background record, social security verification, education and employment history, motor vehicle record ("driving records") and any other applicable personal information. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Facts on Demand, Inc., 310 State Hwy 325, Blairsville, GA 30512; Tel. No. 1.706.835.1831; www.factsondemand.com. Signature: Date: ____ This Disclosure and Authorization form, in electronic, faxed, or photocopied form, will be valid for any reports that may be requested by the Company. By signing, I give my full consent for periodic criminal history background checks to be performed for the duration of my employment. Please print all information CLEARLY. *Information required for identifier purposes only* *First Name *Last Name *Middle Name *Social Security Number *Date of Birth *Sex *Race *Citv *Current Address *Zip Code *State *Driver's License Number & State Applicant: DO NOT WRITE BELOW THIS LINE ☐ Criminal Background (list States) **All Georgia Statewide requests must have the Required GCIC form attached to process** ☐ Motor Vehicle Report ☐ Wants/Warrants Search ☐ Sex Offender Search □ OIG \Box GSA ☐ Federal Criminal Search ☐ SSN Trace ☐ OFAC Search ☐ Nationwide Conviction Search

☐ RUSH (Additional fee will be added – results returned in four business hours)