

City of Euharlee

Police Officer Application



INSTRUCTIONS:

Fill out this application completely and accurately. If you complete your application properly, it may increase your chances of employment. All statements in your application are subject to verification. **Incorrect statement(s) will bar or remove you from employment.** If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term "DNA" ("Does Not Apply") if the question does not apply.

Euharlee Police Department is an Equal Opportunity Employer

Unfair treatment because of your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information.

1. Name (Last) (First) (Middle)			2. List any other names, aliases you have used or been known by. (Include maiden name if applicable.)		
3. Home Address (No. Street, City, State, Zip Code & County)			4. Home Phone		5. Social Security No.
6. With whom do you live with at the above address? List full names and addresses.					
7. Date of Birth			8. Place of Birth (City, State, Zip Code)		9. Sex
Month	Day	Year			Feet
					Inches
11. Weight		12. Age		13. Color of Eyes	14. Color of Hair
15. List any scars, blemishes, deformities, amputations, tattoos, etc. that you may have.					
16. Are you a U.S. citizen? If "yes"			If Naturalized, give particulars		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Native Born	<input type="checkbox"/> Naturalized		
17. List every member of your immediate family who is living. Include Father, Mother, Sister, Brothers.					
Name		Relationship		Address	Occupation

Medical History

18. Do you use or have you ever used prescribed and/or non-prescribed narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", give full details.	
19. Do you use or have you ever used illegally controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", give full details.	
20. Do you use or have you ever used alcohol habitually? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", give full details.	

Medical History (Continued)

21. Have you ever been in consultation with a doctor or psychiatrist or been treated for a nervous or mental disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give doctors name address and date.	
22. Have you ever had any type of epileptic seizure, blackout or fainting spell? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give doctors name address and date.	
23. Do you wear eyeglasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Do you wear contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. List all illnesses, operations and medical treatment you have had (including childhood illnesses)		
Ailment	Approximate Date(s)	Treatment

Social Status

26. Are you single? <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
27. Are you living with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", explain.		
28. Give the following information regarding marriage or marriages:			
Date	Where	Wife's Maiden Name	
29. If a marriage to which you were a party was ever dissolved, fill out the following:			
	(Explain)	To whom was action granted?	
Separated			
Divorced			
Annulled			
30. Are you paying alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:		
31. If divorced, list the name(s) of your previous spouse(s) and where they reside:			
32. List below every child born to you, adopted by you and stepchildren:			
Name	Date of Birth	Place of Birth	Where does the child live and with whom?
33. Are you now supporting all children born to you, adopted by you and stepchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", explain fully:		

Social Status (Continued)

34. Have you ever been named as the natural father in a paternity proceeding? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:
35. Are you paying child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:

Education

36. List the various schools you have attended and other requested information.					
Name and address of school (include City, State and Zip Code)	No. of Years Completed	Date(s) Attended	Graduate		Average Grade
			Yes	No	
Grammar School(s)					
High Schools					
College or University					
Extension or Correspondence Courses					
37. Junior College, Colleges or Universities	Full Time	Part Time	Subjects Taken		Degree(s) Attained
			Major	Minor	
38. Were you ever expelled or suspended from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:				
39. List any other formal education beyond High School you have, including special training courses.					
40. List any professional licenses or certificates you hold or have held.					

Driving History

41. Can you operate an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	42. Do you possess a valid operators or chauffeurs license in the state of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", date of expiration	Drivers License No.
43. Have you ever been refused an operators or chauffeurs license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain		Have you ever had an operators or chauffeurs license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No
44. Was your license ever suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain		
45. Has your license ever been placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain		

Residences

46. List your addresses for the last ten years, starting with present address.

From (MM/YYYY)	To (MM/YYYY)	Address of Residence	City, State & Zip Code

47. Do you own or are you buying your own home? <input type="checkbox"/> Yes <input type="checkbox"/> No	48. Do you own or are you buying real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	other If "Yes", give location
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Military Service

49. Have you ever served in any military organization of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", which branch?		
50. What is your service serial no.? <input type="checkbox"/> Yes <input type="checkbox"/> No	51. Highest rank held?	52. Rank at discharge?	
53. Give date and location of entrance to active duty		54. List period(s) of active service:	
City	State	From (Date)	To (Date)
55. Give date and location of discharge		56. What type of discharge did you receive (honorable, medical, dishonorable, honorable conditions). <u>Be Exact.</u>	
City	State		
57. Do you or have you ever received a government disability pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", explain	
58. If you are a non-vet, list the following:		Local Board No.	Address, City, State, Zip Code
59. List all draft classifications you have had. (1-4, 4-F etc.)			
60. Were you ever convicted at a Court-Martial? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Explain	
61. Are you now, or were you ever a member of the United States Reserve Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes" <input type="checkbox"/> Active <input type="checkbox"/> Inactive	
		Branch	Unit
		Rank	
		From	To
Address (include City, State, Zip Code)			
62. Are you now, or were you ever a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", what state?	Regiment
		Rank	Type of Discharge
		From	To
63. List any disciplinary action taken against you in the National Guard or Reserve unit?			

Criminal History

64. Have you ever been convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	By Whom (Police Agency)	Crime Charged	Disposition of Case
If "Yes", explain				
65. Have you ever been placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			
66. Have you ever been required to pay a fine in excess of \$25.00? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			
67. Have you ever been reported as a missing person or as a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain details, including jurisdiction dates and outcome:			
68. Have you ever been the victim of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this crime reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you were a "victim", explain:		
69. Have you ever been fingerprinted by a police agency other than for arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:			
	Agency	Date	Purpose	
72. List all traffic citations you have received:				
Location (City)	Approximate Date	Nature of Violation	Disposition of case	
71. Are there any pending warrants, traffic or otherwise, now pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			

Employment History

72. Have you ever taken a civil service exam? <input type="checkbox"/> Yes <input type="checkbox"/> No	Agency	Approximate Date of Exam	Position on List	Status
73. Are you now on any eligibility list? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			
74. Were you ever placed on a civil service list and not hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			

Employment History (continued)

75. Were you ever rejected for any civil service position. <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain																
76. Have you ever submitted an application for appointment to another police department? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date																
77. Have you ever been a law enforcement officer or held a similar position? <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left; padding: 2px;">If "Yes"</th> </tr> <tr> <th style="width: 40%; padding: 2px;">Position</th> <th style="width: 20%; padding: 2px;">Date (From)</th> <th style="width: 20%; padding: 2px;">(To)</th> <th style="width: 20%; padding: 2px;">Location</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	If "Yes"				Position	Date (From)	(To)	Location								
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78. Have you ever received unemployment insurance or other federal, state or local benefits or assistance. <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%; padding: 2px;">Type</th> <th style="width: 25%; padding: 2px;">Local Office</th> <th style="width: 40%; padding: 2px;">Address</th> <th style="width: 10%; padding: 2px;">For How long</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Type	Local Office	Address	For How long												
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79. Were you ever discharged or forced to resign for any of the following; misconduct, unsatisfactory service or while under investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain, include names and addresses of employers.																
80. Are you now or have you ever been engaged in any business as an owner, partner or corporate member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain																
81. List all jobs you have held for the last ten years, including periods of unemployment. Put your present or most recent job first. Include military service in proper time sequence and temporary or part time jobs.																	
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Employment History (continued)

	Supervisor Name and Title	From (Date)	To (Date)	Salary per month \$	Exact title or position
	Explain your duties:			Reason for leaving	
6.	Employer Name	Phone Number	Address		Type of Business
	Supervisor Name and Title	From (Date)	To (Date)	Salary per month \$	Exact title or position
	Explain your duties:			Reason for leaving	
7.	Employer Name	Phone Number	Address		Type of Business
	Supervisor Name and Title	From (Date)	To (Date)	Salary per month \$	Exact title or position
	Explain your duties:			Reason for leaving	
8.	Employer Name	Phone Number	Address		Type of Business
	Supervisor Name and Title	From (Date)	To (Date)	Salary per month \$	Exact title or position
	Explain your duties:			Reason for leaving	

82. Indicate by number, any of the employers listed above whom you do not wish us to contact.

83. Explain your reason for applying for this position:

Credit History

84. Have you ever been sued?	If "Yes", explain
85. Have you ever filed for bankruptcy?	If "Yes", explain

Acquaintances

86. List the name of three adults (friends, fellow students or co-workers) that are not related to you nor former employers or references. The names listed should be persons with whom you have seen frequently during the past year.

1.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	In what capacity to you know this person?	
2.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	In what capacity to you know this person?	
3.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	In what capacity to you know this person?	

References

87. List below the names of five adults who are not related to you nor former employees, who have known you for a period (preferably) more than five years. All person listed will be asked to appraise your character, ability, experience, personality and other qualities.

1.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?	
2.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?	
3.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?	
4.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?	
5.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?	

Emergency Contact Information

Name	Address	Home Phone	Business Phone	Relationship

I hereby certify that there are no willful misrepresentations or falsifications in this questionnaire and all my answers are true and correct to the best of my knowledge and belief.

Signature

Date



EUHARLEE POLICE DEPARTMENT

BURGE'S MILL ROAD

EUHARLEE, GA 30145

PHONE: 770-386-7339 FAX: 770-386-7340



AUTHORIZATION TO RELEASE INFORMATION

I have applied for a position with the Euharlee Police Department. Part of the employment process is an investigation and verification of the information I have provided in my employment application.

I do hereby authorize a review of and full disclosure of all records concerning me to the Euharlee Police Department. The intent of this authorization is to give my consent for full and complete disclosure or records of education institutions, financial institutions, medical and psychological records, to include treatment by doctors, clinics, hospitals, employment records, military records, driver's history information and criminal history information.

I hereby, fully and finally release and discharge the City of Euharlee and the Euharlee Police Department and its officials, employees and agents from any and all liability for acts and omissions taken pursuant to this authorization. I similarly release all persons, corporations and other entities who release any information or documents pursuant to this authorization. I will not directly or indirectly seek disclosure of information obtained pursuant to this authorization, either to me or anyone else.

I have carefully read and understand the contents of this authorization and I execute it voluntarily as my own free act and deed.

Full Name (Type or Print)

Date

Signature

Date of Birth

Address

Social Security Number



EUHARLEE POLICE DEPARTMENT

30 BURGE'S MILL ROAD

EUHARLEE, GA 30145

PHONE: 770-386-7339 FAX: 770-386-7340



AUTHORIZATION FOR THE RELEASE OF PERSONAL MILITARY INFORMATION

I, _____ do hereby authorize the National Personnel Records Center, St. Louis, Missouri, or any other custodian of my personal or criminal military records to release and provide the City of Euharlee any information or photocopies of my military personnel records. These records include, but are not limited to, copies of my undeleted DD214, medical records, drug or alcohol information, Report of Separation, Article 15's and/or non-judicial punishments or any other derogatory information. A photocopy of this release for will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant

Social Security Number

Date



EUHARLEE POLICE DEPARTMENT

30 BURGE'S MILL ROAD

EUHARLEE, GA 30145

PHONE: 770-386-7339 FAX: 770-386-7340



APPLICANTS RELEASE AGREEMENT

I, _____, do hereby swear or affirm that there are no misrepresentations, omissions or false answers to questions in my City of Euharlee employment application or background investigation booklet or in any verbal or written statement made to any official of the City of Euharlee, I am aware that should an investigation that should an investigation disclose such misrepresentations, falsifications or omissions my application will be rejected and I will be removed from the selection process. I am also aware that should I be accepted from employment with the City of Euharlee and subsequent investigations disclose misrepresentations. Falsifications or omissions it will be just case for my immediate dismissal from employment.

My signature below further acknowledges that I do hereby agree to notify and duly authorized agent of the City of Euharlee of any changes regarding information I have provided. This notification would include but is not limited to the following:

Arrests

Financial Responsibilities Assigned to Collections

Traffic Citations

Civil and Criminal Litigation

Job Terminations

Drug Use

Change of Jobs

Change of Address or Phone Number

Bankruptcies

Any other information pertinent to an employment background investigation

I realize failure to report such information to the City of Euharlee could affect my status an applicant. Additionally, failure to disclose pertinent information during the hiring process could result in termination of my employment. By signing below I further expressly agree that I will, under any circumstances, attempt to obtain the results of my background investigation, as conducted by the City of Euharlee, realizing that such information must remain confidential. Additionally, I understand that this background booklet and any other applications, documents or paperwork I have submitted is the property of the City of Euharlee. As such I acknowledge that I cannot for any reason view this background booklet nor can I obtain either the original or a copy of it at a later date.

Signature of Applicant

Date

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia-only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- 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.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI 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 agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website \(http://gbi.georgia.gov/obtaining-criminal-history-record-information\)](http://gbi.georgia.gov/obtaining-criminal-history-record-information).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

PRIVACY ACT STATEMENT

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.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint based background checks. Your fingerprints, palm prints, photos or future biometrics as associated with the fingerprint collection 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/biometric repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints, palm prints, photos or future biometrics as associated with the fingerprint collection 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, palm prints, photos or future biometrics as associated with the fingerprint collection 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.

**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](#).

Signature

Print Name

Date