BACKGROUND INVESTIGATION CONSENT

I, _____, being either an applicant to a public safety agency or employee – agree to comply with the Georgia Crime Information Center Rules and Regulations. I comply with the G.C.I.C Personnel Security Standards Rule 140-2-09 and consent to investigation of my moral character, reputation, and honesty. I agree to submit to fingerprint identification checks. Said investigations will produce sufficient information to determine my suitability and fitness for employment.

I, _____, under stand that Jackson County can disqualify me for employment or terminate me if I have been convicted by any state or the federal government of any felony or have been convicted of sufficient misdemeanors to establish a pattern of disregard for the law. I may be disqualified or terminated due to giving false information, releasing confidential information/criminal history record information to improper authorities, and I agree to sign a CJIS Access Awareness Statement.

I, _____, hereby authorize Jackson County Public Safety Communications Center to receive any criminal or driver's history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

I understand this document completely, and will submit to such investigations s stated above.

_____	_____	_____
Employee or Applicant	Signature	Date

_____	_____
Address, including City and Zip	DOB

_____	_____	_____
Sex	Race	Social Security Number

_____	_____	_____
Witness, Print Name	Witness, Signature	Date

_____	_____	_____
Notary, Print Name	Notary, Signature	Date