CITY OF JOHNS CREEK
CRIMINAL HISTORY RECORD CHECK CONSENT FORM

Instructions: Make additional copies of this form as needed; print legibly and answer all questions fully. If the space provided is not sufficient, answer on a separate sheet of paper and note accordingly. Include copies of verifiable identification with photo, such as driver's license or state photo ID. This application is to be executed under oath and is subject to the penalties of false swearing. An electronic version of this authorization shall be as valid as the original.

Name of Business Establishment: _____ Job Title: _____

Business Address: _____

Reason for check: Employment with or Ownership of Regulated business: PURPOSE CODE "E"

By my signature below, I hereby authorize the City of Johns Creek to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or local criminal justice agency in Georgia. I hereby specifically release the City of Johns Creek from any liability which may be incurred as a result of furnishing such information for the purpose of assessing my eligibility. Furthermore, I authorize the City of Johns Creek to conduct future background checks to determine my continued eligibility for holding this license or permit and any future renewals as applicable.

Name of Applicant: _____
(First) (Middle) (Last)

Aliases/Prior Names (or N/A): _____ Social Security _____

Home Address: _____ Cell phone # _____

Email address: _____ Height: _____ Weight: _____ lbs.

Eye Color: _____ Hair Color: _____ Sex: _____ Race: _____

ID Type: _____ ID Number: _____ ID Exp: _____

DOB: _____ City, State, and County of Birth: _____

Have you ever been arrested or held by federal, state, or other law enforcement authorities for violation of any federal, state, county or municipal law regulations or ordinances? (Do not include traffic violations; all other charges must be included even if they were dismissed.) If YES, list dates, locations, charges, and dispositions of **any and all** citations and arrests. If you have no charges, citations, or arrests – write "None."

_____

_____

Applicant's Affidavit: By my signature below, I hereby swear or affirm that the statements and answers given are true, factual and correct to the best of my knowledge and ability. I understand that it is a felony to knowingly and willfully make a false, fictitious or fraudulent statement or representation to a governmental agency in the application.

Signature of Applicant: _____ Date: _____

Subscribed and sworn before me on this the _____ day of _____, 20_____.

(Stamp/Seal)

Executed in _____ (City), _____ (State).

Notary Public Signature: _____

RESULTS

Requested by: City of Johns Creek, GA – Revenue Division

No criminal record on file _____ Criminal record on file (see attached) _____

Record Technician: _____ Badge Number: _____ Date: _____