

CONSENT TO CONDUCT BACKGROUND CHECK

FULL LEGAL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW LONG AT THE ABOVE ADDRESS? \_\_\_\_\_

IF LESS THAN 10 YEARS IN GEORGIA, PLEASE LIST STATE(S) WHERE YOU HAVE RESIDED AND DATES RESIDED THERE: \_\_\_\_\_

I, \_\_\_\_\_, BY EXECUTION OF THIS DOCUMENT GIVE THE VILLA RICA PARKS AND RECREATION DEPARTMENT AND THEIR AGENTS PERMISSION TO CONDUCT A CRIMINAL BACKGROUND CHECK REGARDING MY PAST HISTORY. THIS BACKGROUND CHECK INCLUDES, BUT IS NOT LIMITED TO A RECORDS CHECK TO DETERMINE WHETHER I HAVE EVER BEEN CONVICTED OF ANY CRIME OR HAVE A CRIMINAL RECORD. GIVING FALSE STATEMENTS ON THIS APPLICATION WILL RESULT IN IMMEDIATE DISQUALIFICATION.

BY CIRCLING THE APPROPRIATE LETTER, I CERTIFY THAT I HAVE OR HAVE NOT BEEN CONVICTED OF, BEEN ARRESTED FOR, OR AM CURRENTLY CHARGED WITH ANY OF THESE FOLLOWING CRIMES:

- |   |   |   |
|---|---|---|
| Y | N | 1.) ANY FELONY CONVICTION   |
| Y | N | 2.) ASSAULT, SIMPLE OR AGGRAVATED BATTERY                             |
| Y | N | 3.) CRUELTY TO CHILDREN   |
| Y | N | 4.) ANY SEXUAL-RELATED OFFENSE  |
| Y | N | 5.) VIOLATION OF THE CONTROLLED SUBSTANCE ACT WITHIN THE PAST 5 YEARS |
| Y | N | 6.) ALCOHOL RELATED VIOLATIONS WITHIN THE PAST 5 YEARS                |
| Y | N | 7.) BURGLARY, THEFT, OR CRIMES AGAINST PERSONS                        |

IF YOU ANSWERED YES TO ANY ABOVE, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I UNDERSTAND THAT I HAVE THE RIGHT TO OBTAIN A COPY OF ANY BACKGROUND CHECK REPORT AND TO CHALLENGE ITS VALIDITY.**

**I UNDERSTAND THAT THE VILLA RICA PARKS AND RECREATION DEPARTMENT MAY CHOOSE TO DENY ME ACCESS TO PARTICIPATE IN ACTIVITIES OFFERED THROUGH THE DEPARTMENT AT THEIR SOLE DISCRETION WITHOUT FURTHER REVIEW. I FURTHER AGREE TO HOLD HARMLESS THE VILLA RICA PARKS AND RECREATION DEPARTMENT, THE CITY OF VILLA RICA, ITS AGENTS AND ELECTED OFFICIALS REGARDING ANY LIABILITY FOR DEFAMATION, INVASION OF PRIVACY, OR ANY OTHER CLAIM BASED UPON GOOD FAITH ACTION TAKEN PURSUANT TO THE PROVISIONS OF THIS CONSENT.**

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

APPLICANT SIGNATURE: \_\_\_\_\_

FIRST

MIDDLE

LAST

**PLEASE READ THE REVERSE SIDE FOR DEPARTMENT'S POLICES REGARDING VOLUNTEER ELIGIBILITY AND TO READ THE DEPARTMENT'S INDIVIDUALS PRIVACY STATEMENT**



# City of Villa Rica, Georgia Police Department

Michael P. Mansour, *Chief of Police*

101 Main Street  
Villa Rica, Georgia 30180

Main - (770) 459-5149  
FAX - (770) 459-7008

## Georgia Crime Information Center Criminal Background Consent Form

I hereby authorize VILLA RICA RECREATION DEPARTMENT  
(Name of person receiving history)

to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in the State of Georgia.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

Notary: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purposecode 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

**One of the following must be checked:**

- This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.