

DO NOT RUN LIVSCAN BACKGROUND CHECKS FOR HISTORIES - GA ONLY

Banks County Recreational Department
Homer, GA 30547



APPLICATION CONSENT FORM
GEORGIA ONLY

I hereby authorize the Banks County Sheriff's Office to receive any criminal history records information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: Female / Male Race: _____ DOB: _____

Social Security Number: _____

Applicants Signature: _____ DATE: _____

BCSO's Employee who verified: _____ DATE: _____

Special Employment Provisions:
 "W" = Employment with children

*******If not verified by a BCSO employee, the applicant's signature*******
******has to be notarized at the time of the applicant's signature.******

This _____ day of _____, 20_____.

Notary Public

NOTARY SEAL HERE

CRIMINAL HISTORY RECEIVED BY:

Name: _____ DATE: _____