GEORGIA DEPARTMENT OF CORRECTIONS CRIMINAL/DRIVER HISTORY CONSENT FORM

I hereby authorize the Georgia Department of Corrections to receive all criminal history information pertaining to me anytime during the course of my employment with the Department. I understand that convictions revealed from these background investigations may impact my certification with P.O.S.T. and my employment with the Department.

(State) (Zijm)
m)Work Telephone #:
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