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, _____, understand that the City of Commerce can disqualify me for employment or terminate me if I have been convicted by any state or 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 the City of Commerce to receive any criminal or driverôs 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 as stated above.

_____ _____ _____
Employee or Applicant Signature Date

_____ _____
Address DOB

_____ _____ _____
Sex Race Social Security Number

_____ _____ _____
Witness Signature Date

_____ _____ _____
Notary Public My Commission Expires Date

Revised: 12/94

K:\Alcoholic Beverage Application\Background Investigation Consent