

**ROSWELL POLICE DEPARTMENT
CRIMINAL HISTORY RELEASE FORM FOR EMPLOYMENT**

The following information is required in order to receive any criminal history information pertaining to you that is contained in the files of the State of Georgia. Your record will be checked using the Georgia Crime Information Center (GCIC) database and will be for the State of Georgia only. If no criminal history is on file, this form will be stamped stating so. If a criminal history is on file with the State of Georgia, a copy will be printed for you. A government issued ID will be required.

PLEASE PRINT CLEARLY AND FILL IN ALL SPACES

NAME: Last: _____ First: _____ Middle: _____

MAIDEN and/or ANY PREVIOUS LAST NAMES: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SEX: _____ SOCIAL SECURITY: _____

NAME OF EMPLOYER REQUESTING BACKGROUND: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____ YOUR PHONE: _____

CHECK ANY OF THE FOLLOWING THAT APPLY

If you are not applying for any of the listed types of employment, please check "NONE".
A background check cannot be completed until this information is provided.

Are You:

_____ An applicant for employment providing care to children (includes adoption)

_____ An applicant for employment providing care to the elderly

_____ An applicant for employment providing care to the mentally ill

_____ None of the above applies

If you are giving authorization for someone other than yourself to pick up your completed background check, please provide their full name: _____

Your Signature

Date Signed