CLARKE COUNTY SCHOOL DISTRICT POLICE DEPARTMENT

RELEASE OF CRIMINAL HISTORY CONSENT FORM

Last Name			Fi	irst Name		Middl
Social Security Numb	per H	eight	Weight	Eye Color	Hair	r Color
Date of Birth	Ra	ce	Sex		elephone	Number
Street Address			City		State	Zip Code
AUTHORIZE	: <u>CLARKE C</u>	OUNTY SCI	HOOL D	DISTRICT POL	LICE I	DEPARTME
		Name of Ag	gency			
a						
C	CSD Human Reso		SD Police erson to Pick		Person	nel
				1		
	Clarke County S		t, 240 Mi ress of Agenc		Road_	
		Street Addr	ess of Agenc	y		
						0.400
Athens	Georgia	30606	(<u>706) 546-7721</u>		18482
Athens City	Georgia State	30606 Zip Code	(*	706) 546-7721 Telephone N		18482

to such information.

Signature

Date

NOTICE: UNLESS ALL BLANKS ARE COMPLETED ON THIS FORM, NO INFORMATION WILL BE RELEASED. THIS FORM WILL BE NOTARIZED BY PERSONNEL AT CLARKE COUNTY SCHOOL DISTRICT.

N O	SWORN TO AND SUBSCRIBED BEFORE ME:						
A R	THIS	_ DAY OF	_, 20				
Y							

NOTARY PUBLIC



Falsification or Misrepresentation on Job Application

The Clarke County School District wishes to inform all potential new employees that it is very important that all questions on the application be answered truthfully and to the best of their knowledge.

If you have been arrested or convicted of a felony or misdemeanor anytime in the past, your criminal background check will reveal this. If you have not responded truthfully to this question or any other question on the application, you may be immediately terminated or not employed with the Clarke County School District.

If there is a possibility that you have had an arrest or conviction in the past and failed to indicate such, you may do so now. Provide a written explanation including the charge, conviction, sentence received and the date.

Arrest(s) or conviction(s) _____ Yes ____No

Explain below:

Please sign below and return to Human Resources.

Signature

Date