

TOWN OF BRASELTON
CONSENT FORM FOR BACKGROUND CHECK

*****ALL INFORMATION IS REQUIRED*****

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ MAIDEN NAME: _____

HOME ADDRESS: _____
(PHYSICAL ADDRESS, DO NOT USE P.O. BOX NUMBERS)

(CITY, STATE, ZIP CODE)

I hereby authorize the Braselton Police Department to request and receive any criminal history records, driver history records information, previous employment records and other pertinent information pertaining to me which may be in the files of any federal, state, or local criminal justice agency to be used for the purpose of my background investigation.

DRIVERS LICENSE NUMBER: _____ STATE _____

EXPIRATION DATE: _____
MONTH / DATE / YEAR

In addition to your current state of residence, list all other states you have lived. If no other, write none

Place of birth: _____ DATE OF BIRTH _____
CITY / COUNTY / STATE

Citizenship: _____ SOC. SEC. # _____
COUNTRY

Height: ___ FT. ___ IN. Weight: ___ LBS. Sex: ___ M ___ F Race: _____

Color of hair: _____ Color of eyes: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

NOTARY SIGNATURE: _____ **DATE:** _____

MY COMMISSION EXPIRES: _____