

Personnel Office Use Only
 Inquiry: Yes _____ No _____ Received by: _____

Position Applied For: _____

CONSENT TO GCIC/NCIC CRIMINAL HISTORY RECORD INQUIRY

INSTRUCTIONS: All items must be completed in **INK**. This questionnaire and loyalty oath will be filed in the employee's personnel file with the employing agency. **USE BLACK INK ONLY**

Last Name		First Name		Middle Name		Social Security Number	
Other Names Used (Including maiden, aliases and former marriages)							
Address:			City	State	Zip	Telephone No.	
Date of Birth	Place of Birth	U. S. Citizen Yes No (Circle One)		Nationality (If not a citizen)	Ht.	Wt.	Race Sex
Have you ever been convicted by Federal, State, or other law-enforcement authorities for any violation of any Federal law, State law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday.) Do not include minor traffic violations such as speeding, following too closely or improper lane change, etc. All other convictions must be included. Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is yes, state the reason convicted, the date convicted, and the place where convicted. If additional space is needed continue on reverse side.							
CHARGE ON WHICH CONVICTED		DATE CONVICTED		NAME OF COURT WHERE CONVICTED		PARDONED YES NO (Circle One)	
Are there any charges now pending against you by Federal, State or other law-enforcement authorities for any violation of any Federal Law, State Law, county or municipal law, regulation or ordinance? (Do not include minor traffic violations for any fine of \$35 or less would likely be imposed.) Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is yes, provide the following. If additional space is needed continue on reverse side.							
VIOLATION CHARGED		NAME OF GOVERNMENT				NAME OF COURT AND LOCATION WHERE PENDING	

Y N Have you resigned or been discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, or unprofessional conduct, or are you now under investigation for any such charge?

Y N Have you been convicted of a felony or misdemeanor, or pled nolo contendere, or are you now under investigation for any such offense, other than a minor traffic offense? For the purpose of this application, DUI/DWIs must be reported.

Y N Have you ever surrendered a teaching certificate/credential/license/permit, or had one denied, revoked or suspended, or is any investigation or adverse action now pending against you?

NOTICE TO APPLICANTS/EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (GA. Laws. 1953) as amended requires each applicant/employee, prior to his/her employment in State government, take an oath that he/she will support the Constitution of the United States and the Constitution of the State of Georgia. Additionally, a 1986 GA Law. (code 49-5-90, et., seq.) requires that any person who has supervisory or discipline powers over children must, as a condition of employment, undergo a criminal records check through the GCIC/NCIC. I understand this requirement is mandatory and the Board of Education must seek such information. I hereby consent that without further notice to me, the Board of Education may promptly conduct a search of my criminal record through the GCIC/NCIC and will use such information as required by law.

Signature _____

Date _____

Statement of Confidentiality for

School Volunteers

As a volunteer, I will work with the highest standards, committed to the idea that my work will benefit students. I promise to take to my work an attitude of open-mindedness, willingness to be trained, as well as interest and commitment.

I understand that in the performance of my volunteer duties, I am not to discuss academic or other confidential information regarding students or employees with anyone. Any breach of confidentiality will be carefully reviewed and if substantiated will result in termination of my volunteer involvement with the School System.

I acknowledge that I have read and understand this statement of confidentiality.

Volunteer's Signature

Date

Print Volunteer's Name

School or Organization

Witness Signature
(Volunteer Coordinator or Trainer)

Date

All Confidentiality Statements must be attached to the GCIC/NCIC Criminal History Record Inquiry and forwarded to Sonia D. England in Student Services. Please keep a copy for your records.