Personnel Office Use Only Inquiry: YesNo Received by:	Position Applied For:

CONSENT TO GCIC/NCIC CRIMINAL HISTORY RECORD INOUIRY

INSTRUCTIONS					onnaire and loyalty oath will b	_		e's perso	nnel file
with the employing	g agency.		USE BLACK						
Last Name	-	First I	Vame		Middle Name	Social	Social Security Number		
Other Names Used	l (Including ma	iden, ali	ases and former marri	iages)		·			
Address:			City		State	Zip	Zip Telephone No.		
				. [
Date of Birth	Place of Bir		U.S. Citizen Yes No (Circle O	(sa (Nationality (If not a citizen)	Ht.	Wt.	Race	Sex
not include minor included.	micipal law, retraffic violation	egulatio s such a	n, or ordinance? (Do s speeding, following - If the answer is yes	o not inc to close s, state t	cement authorities for any velude anything that happened bly or improper lane change, ethe reason convicted, the date	before your s tc. All other	ixteenth convicti	birthday.] ons must	Do
CHARGE ON	convicted. If additional space is needed of CHARGE ON DATE WHICH CONVICTED		E CONVICTED		NAME OF COURT WHERE CONVICTED	PARD	PARDONED YES (Circle		NO One)
									
		ļ							
Are there any charges now pending against you by Federal, State or of Law, State Law, county or municipal law, regulation or ordinance? (I would likely be imposed.) Yes No Space is needed continue on reverse side. VIOLATION CHARGED NAME OF GOVERNMEN				ce? (Do	ot include minor traffic violations for any fine of \$35 or less If the answer is yes, provide the following. If additional NAME OF COURT AND LOCATION WHERE				
						PEND	ING		
having eng such charg Y N Have you	gaged in crimin ge? been convicted	al, imm	oral, or unprofessional only or misdemeanor,	or pled	ding the armed forces, while ct, or are you now under inve- nolo contendere, or are you no fense? For the purpose of this	stigation for a	any		
DUI/DWI	s must be repor	ted.			ense/permit, or had one denie	••			
			or adverse action nov						
each applicant/emp United States and the who has supervisor GCIC/NCIC. I und	loyee, prior to late Constitution y or discipline pleastand this rece to me, the B	his/her e of the S powers of quirement oard of	employment in State go tate of Georgia. Addi over children must, as at is mandatory and th	overnm itionally a condi ne Board	rersive Activities Act of 1953 ent, take an oath that he/she v r, a 1986 GA Law. (code 49-5 tion of employment, undergo I of Education must seek such duct a search of my criminal i	vill support the i-90, et., seq.) a criminal real information	ie Consti) requires ecords ch . I hereb	tution of that any eck throu y consen	the persor gh the that
· 	·				· <u> </u>				
Signate	ıre						Date Pers	onnel #3 (Rev	07-17)

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	I 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.