

ATTACHMENT A-
FULL PERSONNEL STATEMENT

Please read each item in its entirety and respond appropriately. Unless otherwise indicated, reference to any other application or statement is inappropriate.

1. Full Name: _____
Maiden Name, if any: _____
2. Street Address: _____
City, State, Zip Code: _____
3. Home Telephone Number: _____
4. Social Security Number: _____
5. Name of business for which this application is made:

6. Telephone Number of business for which this application is made:

7. Indicate your employment position in this business (owner, co-owner, manager, or specific employee position): _____
8. Do you hold an ownership interest of 2.5% or greater in this business?
Yes _____ No _____
If so, state the amount and type of that interest and the amount thereof:

10. Height _____ Weight _____ Sex _____ Age _____
Race _____ Color of hair _____ Color of Eyes _____
11. Are you an elected or appointed officer, agent or employee of Fayette County?
_____ Yes _____ No
If yes, explain: _____

**OWNER/PRESIDENT/VICE-PRESIDENT/CEO/CFO/
DISTRICT MANAGER/APPLICANT ONLY**

12. Have you been convicted or shall have taken a plea of nolo contendere within 10 years immediately prior to the filing of the application for any felony or misdemeanor of any state or of the United States or any county ordinance, except traffic violations?

_____ Yes _____ No

If yes, explain:

Date: _____

Charge: _____

Location: _____

Guilty: ___ Yes ___ No Nolo Contendere: ___ Yes ___ No

Sentencing: _____

THE ATTACHED CRIMINAL CONSENT FORM SHALL BE FILLED OUT FOR EACH POSITION LISTED ABOVE.

**GEORGIA BUREAU OF INVESTIGATION
GEORGIA CRIME INFORMATION CENTER
CONSENT FORM**

Pursuant to O.C.G.A § 35-3-34(a)(1)(A), GCIC Council Rule 140-2-.04 states "at the time of each request, requestors shall provide the signed consent of persons whose criminal history records are sought". The signed consent must include, as a minimum, the person's full name, address, social security number, race, sex, date of birth and date signed. Changes, strikethroughs or white out/liquid paper are not permissible. **Persons must complete a new consent form if a change or correction is necessary.**

CIRCLE ONE PURPOSE CODE

Case No. (8digits)

'E' (regular employment)

CAD No. (9digits)

'N' (elder care)

Fayette County Marshal's Office
Department

'W' (children)

Alcohol Licensing
Reason

'J' (criminal justice agency-civilian)

'M' (mentally disabled)

'Z' (criminal justice agency-P.O.S.T. certified)

I hereby authorize The Fayette County Marshal's Office to receive any Georgia or III criminal history record information pertaining to me as authorized under state and federal law for individuals seeking employment or to work with children, the elderly or mentally disabled.

Full Name (print)

Date of Birth Sex Race Social Security No.

Operators License Number State

Street Address

City State Zip Code

Signature

Date

Notary Public

My Commission Expires

S
E
A
L

One of the following must be checked:

- This authorization is valid for 90/180/365 (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

If no date is listed on this form, consent is valid for 90 days from date of signature.

Departmental Use

Reporting Deputy

Reviewed By

EMPLOYEE ONLY

13. Have you been convicted within 10 years of the date of employment of a felony, or any violation of the laws of this state, any other state or of the United States relating to the sale of alcoholic beverages?

_____ Yes _____ No

If yes, explain:

Date: _____

Charge: _____

Location: _____

Guilty: ___ Yes ___ No

Nolo Contendere: ___ Yes ___ No

Sentencing: _____

A \$10.00 INVESTIGATIVE FEE SHALL BE REQUIRED FOR EACH NEW EMPLOYEE AND ANNUALLY PER EMPLOYEE AS PART OF THE RENEWAL PROCESS.

**GEORGIA BUREAU OF INVESTIGATION
 GEORGIA CRIME INFORMATION CENTER
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Full Name (print) _____

Date of Birth _____

Sex _____

Race _____

Social Security No. _____

Operators License Number _____ State _____

Street Address _____

City _____

State _____

Zip Code _____

Signature _____

Date _____

Notary Public _____

My Commission Expires _____

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Departmental Use

Reporting Deputy _____

Reviewed By _____

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

(MUST BE SIGNED BEFORE A NOTARY PUBLIC)

VERIFICATION

STATE OF GEORGIA

_____ COUNTY

I, _____, do solemnly swear, subject to the penalties for
NAME OF APPLICANT (PRINT)

false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true, correct, based upon my personal knowledge, and no false or fraudulent statement or answer is made herein.

Date

Applicant's Signature
(full name and in ink)

This ____ day of _____, 20____.

(AFFIX SEAL)

NOTARY PUBLIC

My commission expires: _____

Attach a color copy of your valid driver's license, valid Georgia State issued identification, or a photo taken by the Fayette County Marshal's Office.

Attach Photograph/Snapshot Here