State of Georgia

BACKGROUND REQUEST FORM

(CONFIDENTIAL)

I, _____am giving Database Systems permission to perform a consumer report (to include, but not limited to, credit, MVR, or **criminal background** check) on my past history, now, and on future dates or an investigation consumer report may be made and forwarded to The State of Georgia**.** I understand that by signing this release does not in any way constitute automatic employment with The State of Georgia. All questions must be filled out completely and accurately. Incomplete or inaccurate information may lead to rejection of your application for a background search. Information found to be false can also lead to rejection of your application.

Applicant Name: _____

(First) (Middle) (Last) (Maiden)

Additional name(s) used: _____, _____, _____

Address: _____

City: _____State:_____Zip:_____

Please list your current county of residence. If you have not lived in your current county for the past seven years, also, list the other county (s) you have lived in during the last seven years along with your current one. Please be advised, there will be additional fees incurred if more than one county listed

1) Current County:_____State_____2) Previous County_____State _____

Drivers License #:_____State: _____

Social Security Number: _____

Date of Birth:_____Race:_____ Sex: M / F

Applicant's Signature_____**Date**_____

****For HR Use Only****Please select service(s) needed for this applicant:**

☐ **State Criminal Search (7 years) Please list States:_____, _____, _____, _____**

☐ **County Criminal Search (7 years) List Counties_____/_____**

☐ ***National Criminal record search (*note: does not pick up all counties in each state)**

☐ **Federal Criminal search (7 years) ☐Social Security Trace ☐Sexual Predator Search**

☐ **MVR-Driver Record –List State(s)_____ ☐ Credit Report ☐Address History**

☐ **Employment verification ☐Education Verification ☐Citizenship Right to work**

☐ **Professional Licensure or Certification ☐Personal and Professional References**

REQUESTOR INFORMATION: **Please fill-out this form in its entirety. Form will not be processed unless all fields are completed.** A cover sheet is not needed when faxing this form. Please double-check to ensure that every line is **COMPLETED** by you and the applicant and that it is **LEGIBLE** before sending.

Requestor's Name: _____Date:_____

State Agency: _____

Address:_____City_____State:GA Zip_____

Phone Number: _____Fax # or Email_____

FAX OR EMAIL COMPLETED FORM TO DATABASE SYSTEMS INTERNATIONAL
Fax: (1-866) 760-1878 or sales@dsiinc.net Phone: 1-866-773-3675 or 770-760-1866
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