



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)

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. HR initials _____ requesting additional county check

1) Current County: _____ State _____ 2) Previous County _____ State _____

3) Previous County _____ State _____ 4) Previous County _____ State _____

Drivers License #: _____ State: _____

Social Security Number: _____

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

Applicant's Signature _____

Please select service(s) needed for this applicant:

- Criminal Felony and Misdemeanor (State or Nationwide or Federal for 7 years)
Criminal Felony and Misdemeanor (County for 7 years) Sexual Predator Search
Education Verification Address Search Credit Report MVR-Driver Record
Social Security Verification/Patriot Act Citizenship Right to work Employment verification
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 _____

For Results:

Phone Number: _____ Site Fax # or Email _____

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