



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: _____ Lynda S. Fisher _____ Date: _____

State Agency: _____ Abraham Baldwin Agricultural College _____

Address: _____ Box 33, 2802 Moore Highway _____ City _____ Tifton _____ State: GA _____ Zip 31793-2601 _____

Phone Number: _____ 229.391.4890 _____ Fax # or Email _____ 229.391.4891 lfisher@abac.edu _____