

Georgia Department of Human Resources  
RECORDS CHECK APPLICATION  
(See Instructions on Back of Form)

TO BE COMPLETED BY APPLICANT:

1. APPLICANT TYPE  Director/Manager  Owner  Agency / Foster Parent  
 Potential Employee  Non-Employee  
(Having regular contact with children, i.e. volunteer member)

2. Print Full Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden) (Date of Birth)

\_\_\_\_\_  
(Sex) (Race) (Social Security Number) (Place of Birth)

\_\_\_\_\_  
(Height) (Weight) (Eyes) (Hair) (Home Telephone Number)

\_\_\_\_\_  
(Home Address) (Street) (City) (State) (Zip)

\_\_\_\_\_  
E-mail Address (required)

3. I hereby authorize the Department of Human Resources/Office of Investigative Services and my potential employer named below to receive any criminal history record information pertaining to me which may be in the files of any criminal justice agency. As required by law, I have attached an affidavit disclosing the nature and date of any arrest, charge, and conviction for the violation of any law in any state, except for motor vehicle parking violations.

\_\_\_\_\_  
(Notary)



\_\_\_\_\_  
(Applicant Signature)

Notary Public \_\_\_\_\_, Georgia  
(County)

My Commission Expires \_\_\_\_\_  
(Date)

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TO BE COMPLETED BY DIRECTOR/OWNER: PLEASE PRINT CLEARLY

4. \_\_\_\_\_  
(Name of Facility)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

5. TYPE OF FACILITY: (CHECK ONE)

Residential Child Care Institution/  
Outdoor Therapeutic Treatment Programs

Child Placing Agency (Foster Families)

6. My signature indicates that I, as Director/Owner, have verified the identifying information on the above applicant by checking a picture identification and other documentation as required.

\_\_\_\_\_  
(Director/Owner) (Date) (Telephone of Facility)



Georgia Bureau of Investigation  
Georgia Crime Information Center

Rockdale County  
Sheriff's Dept.

Consent Form

I hereby authorize Elke Bidmore, Inc  
to receive any Georgia criminal history record information pertaining to me  
which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address

Sex

Race

Date of Birth

Social Security Number

\* Signature

Date

.....  
Special employment provisions (check if applicable)

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with criminal justice agency – non-sworn (Purpose code 'J')
- Employment with criminal justice agency – sworn (Purpose code 'Z')

One of the following must be checked:

This authorization is valid for 90/180 \_\_\_\_\_ (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.

Notary Signature

Notary Expiration Date/Seal

## VOLUNTEER APPLICATION RELEASE FORM

I understand it will be necessary for Elks Aidmore Children's Center to investigate my background, including character references provided by me. I hereby give my consent for this exchange of information and authorize such references to release any information requested by Elks Aidmore Children's Center.

I further authorize agencies, including employers, courts (juvenile and criminal), police departments, social services, and/or any other agencies or persons with whom I have had contact, to release information as requested.

I understand this information will be treated as confidential according to the policies of Elks Aidmore Children's Center.

Applicant's Name (Please print): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\* Applicant's Signature: \_\_\_\_\_

# Staff Information for Fingerprinting

**\*Please Print\***

## Personal Information

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

SSN (no dashes): \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Driver's License State: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_