

## CONSENT FOR RELEASE OF INFORMATION

For (Please check one)

- Cherokee County Board of Health Employment
- Fannin County Board of Health Employment
- Gilmer County Board of Health Employment
- Murray County Board of Health Employment
- Pickens County Board of Health Employment
- Whitfield County Board of Health Employment

I hereby give my consent for a criminal history record check. I understand that this is a preliminary check for employment purposes and that all prior arrest information will be reported by the Georgia Crime Information Center (GCIC) to the County Board of Health (CBH). I understand that information received from the criminal history record check may be used as a basis for separation from employment. I understand that my fingerprints will be taken. I understand that failure to disclose any prior arrest will be grounds for disqualification from further employment with The County Board of Health. I understand that this consent is voluntary; however, I acknowledge that refusal to give this consent will remove me from further consideration for the position for which I applied. I also acknowledge that providing false information or failure to provide any information pertaining to my identity or criminal history may be a violation of O.C.G.A disclose § 16-10-20.

Full Name: _____				
Last	First	Middle	(Maiden)	
Address: _____				
P.O. Box or Street				
City: _____		State: _____	Zip Code: _____	
Social Security #: _____			Race: ____	Sex: ____
Height: _____	Weight: _____	Eye Color: _____	Hair Color: _____	
Date of Birth: _____		Place of Birth: _____		
_____ Signature of Applicant/Employee			_____ Date	