

## CONSENT FOR RELEASE OF INFORMATION

### DHS Policy #504

Double-click on the boxes below to indicate your consent. Consent must be granted for each entry.

<input type="checkbox"/> Yes	I hereby give my consent for a criminal history check. I understand that Department of Human Services (DHS) requires me to provide complete information for ALL arrests and convictions regardless of First Offender Status or any final disposition. I further understand that failure to adhere to this requirement shall serve as grounds for disqualification from further consideration or termination with DHS.
<input type="checkbox"/> Yes	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 Office of Human Resource Management and Development in the Department of Human Services (DHS).
<input type="checkbox"/> Yes	I understand that I will be requested to provide documentation to explain any charges that are not cleared as "acceptable for hiring consideration" by the DHS Office of the Inspector General (OIG). I further understand that information received from the criminal history record check may be used as a basis for removing me from consideration for employment or separation from employment.
<input type="checkbox"/> Yes	I understand that if I am offered employment with DHS, my fingerprints will be taken and a more extensive background check will be completed.
<input type="checkbox"/> Yes	I understand that failure to disclose any prior convictions will be grounds for disqualification from further consideration or termination of employment with DHS.
<input type="checkbox"/> Yes	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.
<input type="checkbox"/> Yes	In addition to the Criminal History Background check, I give consent to the completion of a comprehensive background check including but not limited to education verification, Integrated Data System (IDS) and reference checks.
<input type="checkbox"/> Yes	I also acknowledge that providing false information or failure to disclose any information pertaining to my identity or criminal history may be a violation of O.C.G.A §16-10-20 (False statements and writings, concealment of facts, and fraudulent documents in matters within jurisdiction of state or political subdivisions).

Applicant's Last, First, Middle Name			
Street Address or PO Box			
City, State, Zip Code			
Phone Number		Email Address	

Social Security Number	
------------------------	--

Date of Birth				City & State of Birth					
Gender		Race		Height		Weight		Eye Color	

College/University	City & State	Major	Degree	Graduation Date	Full Name on Degree

Signature of Applicant	
Date	

Name of DHS Organizational Unit			
Contact Person			
Phone Number		Email Address	

#### FOR OHRMD USE ONLY:

- ☐ No criminal history found through GCIC system check.  
☐ Criminal history found that prohibits hiring (See attached).  
☐ Criminal history found that does not prohibit hiring (See attached).