

CHEROKEE COUNTY FIRE-EMERGENCY SERVICES CONSENT WAIVER FORM

The applicant must complete the information within this block. Please print legibly in order to facilitate completion.

I hereby authorize Cherokee County Fire-Emergency Services through the Cherokee County Sheriff's Office to receive any Criminal and/or Driver's History Record Information pertaining to me, which may be in the files of any State or local jurisdiction. I understand the information will be used to assist the Agency in determining my eligibility and fitness for the position I am seeking with the Agency. Fingerprints will be checked through State (GBI) and Federal (FBI) criminal history databases. I hereby release you, your organization, and/or others from liability, which may result from furnishing the information. **I acknowledge that I have received a copy of NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS and the PRIVACY ACT STATEMENT (Title 28 U.S.C. 534).**

Name: _____
(Last) (First) (Middle) (Maiden or a.k.a.)

Address: _____
(Number and Street) (City) (State) (Zip Code)

Telephone: Cell: _____ Home: _____ Work: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____ Expiration: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Applicant Signature: _____ Date: _____

Notary Signature: _____ Date: _____
(Official Seal and Stamp)

For Agency use only

Requested by: _____ Position Title: _____ Date: _____

Received by: _____ Date: _____

Date to GCIC Officer: _____ Date returned: _____ Returned to: _____

Check History to be run: _____ Driver _____ Criminal

Driver's History _____ D.H. Complies with County Policies: Yes _____ No _____

SID/FBI No. or No History _____ C.H. Complies with County Policies: Yes _____ No _____

Investigation Division Signature _____ Date: _____