

# TYRONE POLICE DEPARTMENT



## APPLICATION FOR EMPLOYMENT: CERTIFIED POLICE OFFICER

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APPLICANT'S FULL NAME

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APPLICANT PHONE

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APPLICANT EMAIL

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APPLICATION DATE

THE TOWN OF TYRONE IS AN EQUAL OPPORTUNITY EMPLOYER

## **AUTOMATIC DISQUALIFICATION LIST**

### **PLEASE REVIEW THE FOLLOWING INFORMATION!**

These additional minimum standard requirements are mandated at the discretion of the Town of Tyrone and the Chief of Police. The following list will cause disqualification of the applicant from further consideration:

- Any Felony Conviction.
- Any Misdemeanor Conviction (other than minor traffic violations) within the past five (5) years.
- Any conviction of more than three (3) moving violations in the past three (3) years.
- Any driver's license suspension as referenced in Georgia Code **40-5-52 (concerning other states) within the past 12 months, 40-5-54 (concerning certain convicted offenses) within the past 12 months, 40-5-55 (concerning implied consent) within the past five years, 40-5-56 (concerning failure to respond to a citation) within the past 12 months, 40-5-57 (concerning assessment of points) within the past 12 months, 40-5-75 (concerning marijuana conviction) within the past five years.** Other suspensions will be determined on a case-by-case basis.
- Any Dishonorable, General, or other than Honorable Discharge from any branch of the Armed Forces.
- Shall not have used, tried, tasted, experimented with, delivered, sold, or possessed any illegal controlled substance that would constitute a misdemeanor violation of Georgia State Law within the twelve (12) months prior to application.
- Shall not have used, tried, tasted, experimented with, delivered, sold, or possessed any illegal controlled substance that would constitute a felony violation of Georgia State Law within the three (3) years prior to application.
- Any conviction of the crime of domestic violence.

- Refusal to submit to a polygraph or Computer Voice Stress Analyzer Examination.
- Currently under active investigation by Federal, State, or Local authorities, or under investigation by POST.
- Currently under POST probation or other POST sanction.
- Refusal to submit to a physical examination by a doctor chosen by the Town of Tyrone.
- Refusal to submit to drug and alcohol screening.
- Refusal to submit to a psychological screening examination.
- Refusal to submit to and pass the agency's physical agility test.
- Applicants must answer truthfully and fully all questions asked of them. Any misrepresentation or omission of any material fact on the application; during the background investigation; or in any phase of the selection process shall disqualify the applicant. If an investigation discloses a willful misrepresentation, omission, or falsification, the application will be rejected and the applicant may be permanently disqualified from applying in the future for any position with the Tyrone Police Department.

If at any time during the application process one or more of the above listed factors becomes applicable to an applicant, such as the applicant is arrested, taken into custody, detained for investigation, charged with a crime by any police agency or state/federal attorney's officer or declares bankruptcy, the applicant must immediately notify the recruiting contact or background investigator conducting the applicant's background investigation.

The applicant is responsible for providing complete information and any or all reports; records or other documentation related to any factor discovered that requires further review or evaluation. The application will be temporarily suspended until all requested information is received.

HAVE YOU READ, AND DO YOU UNDERSTAND, ALL OF THE ITEMS LISTED ABOVE?

YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**PERSONAL INFORMATION & HISTORY**

<b>Full Name:</b>	
<b>Current Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	
<b>Are you at least 21 years of age?</b>	
<b>What is your Date of Birth?</b>	
<b>Are you an American citizen?</b>	
<b>What is your Social Security Number?</b>	
<b>Have you ever been convicted of a Felony? If yes, you are disqualified from serving as a peace officer.</b>	
<b>Have you ever been convicted of a crime of domestic violence? If yes, you are disqualified from serving as a peace officer.</b>	
<b>Are you currently certified as a peace officer in GEORGIA?</b>	
<b>If certified, what is your OKey?</b>	
<b>If POST certified, have you ever been placed on POST probation or had your certification suspended?</b>	
<b>If you have been placed on POST probation or had your certification suspended, please explain:</b>	

**List all organizations, clubs, and associations of which you are or have been a member, or with which you are or have been associated.**

### FAMILY HISTORY

**Please provide the requested information on all living immediate family members. This should include living parents, siblings, and in-laws.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: _____	Relationship: _____
Address: _____	
DOB: _____	Phone: _____ Occupation: _____
Name: _____	Relationship: _____
Address: _____	
DOB: _____	Phone: _____ Occupation: _____
Name: _____	Relationship: _____
Address: _____	
DOB: _____	Phone: _____ Occupation: _____

### RESIDENCES

List all of your addresses for the last 10 years, beginning with your current:

FROM	TO	ADDRESS

### EDUCATION & TRAINING

Are you a high school graduate?	
High school equivalency/GED?	

**If you graduated from high school, list the name of the school, location (city & state), and graduation year:**

High School \_\_\_\_\_  
 City/State \_\_\_\_\_ Graduation Year \_\_\_\_\_

**Are you a college graduate?**

**If so, what is your highest degree?**

**If you graduated from college, list the name of the college, location (city & state), graduation year, and highest degree earned:**

College \_\_\_\_\_  
 City/State \_\_\_\_\_ Graduation Year \_\_\_\_\_  
 Degree Earned: \_\_\_\_\_

**If you are POST certified in Georgia, please list the name of the training academy you attended and graduation date:**

Training Academy: \_\_\_\_\_  
 Graduation Date: \_\_\_\_\_

**If you are POST certified in Georgia, please list any additional POST certifications that you have earned (i.e. Speed Detection, FTO, Instructor, etc.):**

<b>Certification</b>	<b>Date</b>	<b>Academy</b>



### REFERENCES

**Please provide the names of five (5) persons not related to you - and not former employers - who have known you for at least five (5) years.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ How are you acquainted? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ How are you acquainted? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ How are you acquainted? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ How are you acquainted? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ How are you acquainted? \_\_\_\_\_

### WORK HISTORY

<b>Have you ever been employed by the Town of Tyrone?</b>	
<b>Why did you leave your last job, or why would you leave your present job for this position?</b>	
<b>Have you ever been reprimanded for being late or having unexcused absences from work?</b>	

<b>Have you ever been sued due to your actions while on duty?</b>	
<b>If yes, please explain:</b>	
<b>Have you ever been suspended, demoted, or terminated from <u>any</u> previous job?</b>	
<b>If you have ever been suspended, demoted, or terminated from any previous job, please explain:</b>	
<b>Do you object to wearing a uniform?</b>	
<b>Do you object to shift work?</b>	
<b>Do you object to working:</b>	
7:00 am to 7:00 pm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7:00 pm to 7:00 am? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, please explain:</b>	

**Do you object to working:**

In extreme heat?  Yes  No

In extreme cold?  Yes  No

In inclement weather?  Yes  No

In extremely hazardous conditions?  Yes  No

In conditions in which you may have to use force against another human being?  Yes  No

**List your five (5) most recent jobs starting with your present or most recent:**

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Duties \_\_\_\_\_

Name & Title of Supervisor \_\_\_\_\_

Number you supervised, if any: \_\_\_\_\_ Pay Rate \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Duties \_\_\_\_\_

Name & Title of Supervisor \_\_\_\_\_

Number you supervised, if any: \_\_\_\_\_ Pay Rate \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Duties \_\_\_\_\_

Name & Title of Supervisor \_\_\_\_\_

Number you supervised, if any: \_\_\_\_\_ Pay Rate \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From _____	To _____	Title _____
Employer _____	Phone _____	
Address _____		
City & State _____	Zip Code _____	
Your Duties _____		
Name & Title of Supervisor _____		
Number you supervised, if any: _____	Pay Rate _____	
Reason for Leaving _____		
From _____	To _____	Title _____
Employer _____	Phone _____	
Address _____		
City & State _____	Zip Code _____	
Your Duties _____		
Name & Title of Supervisor _____		
Number you supervised, if any: _____	Pay Rate _____	
Reason for Leaving _____		

### FINANCIALS

<b>What is your total debt at present?</b>	
<b>Are you currently past due on any debt?</b>	
<b>Are any of your accounts currently in the collections process?</b>	
<b>Have you filed for bankruptcy within the past 7 years?</b>	

### MILITARY

<b>Have you ever served in the United States Armed Forces?</b>	
<b>If yes, which branch?</b>	
<b>Highest Rank Held?</b>	
<b>Enlistment Date:</b>	
<b>Discharge Date:</b>	
<b>Was your discharge honorable?</b>	

## CRIMINAL ACTIVITY

It is important that you answer each of the following questions truthfully, regardless of whether or not you were arrested for the activity.

Have you ever committed any of the following:

- |                                |  |             |
|--------------------------------|--|-------------|
| <b>Burglary</b>                | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Narcotics Possession</b>    | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Narcotics Distribution</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>DUI</b>                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Robbery</b>                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Theft</b>                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Arson</b>                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Sex Crimes</b>              | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Crimes Against Children</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Assault</b>                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Family Violence</b>         | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |

**Have you ever been convicted of any offense not listed above?**

**If yes, explain:**

Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, or group which is Totalitarian, Fascist, Communist, or Subversive or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

<b>Have you ever fraudulently used a credit card or forged a check?</b>	
If yes, explain:	

### DRUG USE HISTORY

<b>Have you ever used marijuana?</b>	
<b>If yes, what was the extent of your use and when was the last time you used?</b>	
<b>Have you ever used any other illegal drugs?</b>	
<b>If yes, what was the extent of your use and when was the last time you used?</b>	
<b>Have you ever used prescription drugs illegally?</b>	
<b>If yes, what was the extent of your use and when was the last time you used?</b>	
<b>Have you ever used any illegal drugs while working?</b>	
<b>If yes, explain:</b>	
<b>If you are a certified police officer, have you used any illegal drugs since becoming certified?</b>	
<b>If yes, explain:</b>	

### DRIVING RECORD

<b>Do you have a valid Georgia driver's license?</b>	
<b>If so, what is your license number?</b>	
<b>When does it expire?</b>	
<b>List any traffic citations you have received in the past five (5) years (except for parking):</b>	
Jurisdiction: _____ Year: _____ Charge: _____ Penalty/Disposition: _____	
Jurisdiction: _____ Year: _____ Charge: _____ Penalty/Disposition: _____	
Jurisdiction: _____ Year: _____ Charge: _____ Penalty/Disposition: _____	
Jurisdiction: _____ Year: _____ Charge: _____ Penalty/Disposition: _____	
Jurisdiction: _____ Year: _____ Charge: _____ Penalty/Disposition: _____	
Jurisdiction: _____ Year: _____ Charge: _____ Penalty/Disposition: _____	
Jurisdiction: _____ Year: _____ Charge: _____ Penalty/Disposition: _____	
<b>Has your license ever been suspended or revoked?</b>	
<b>If yes, explain:</b>	
<b>Have you ever been involved in an auto accident?</b>	

**If yes, provide the following details:**

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Injury or Non-Injury? \_\_\_\_\_

Who was legally at fault? \_\_\_\_\_

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Injury or Non-Injury? \_\_\_\_\_

Who was legally at fault? \_\_\_\_\_



**APPLICANT'S AFFIDAVIT**

I hereby certify that my answers to the questions in this application are true and complete. I further understand that any untruthful misstatement of material fact, if discovered at any time, will result in the disqualification of my application or dismissal from employment with the Tyrone Police Department.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (Print)

CJ RELEASE WAIVER

CONSENT TO BACKGROUND INVESTIGATION, DRUG TESTING, AND PHYSICAL AND PSYCHOLOGICAL TESTING

TO: CHIEF RANDY MUNDY  
 TYRONE POLICE DEPARTMENT  
 950 SENOIA ROAD  
 TYRONE, GEORGIA 30290

RE: \_\_\_\_\_  
 Printed Name SSN  
 \_\_\_\_\_  
 Address Driver's License#/State  
 \_\_\_\_\_  
 City, State, Zip DOB  
 \_\_\_\_\_  
 Phone Number Sex Race Ht. Wt.

Accept this instrument as my personal request and authorization to conduct a comprehensive personal background investigation, including pending charges of any description, a complete traffic history, criminal history (including first offender status, if applicable,) credit history report, financial statements and records, wherever filed; Veterans administration; employment and pre-employment records, including background reports, polygraph examinations or reports, voice stress analysis or reports; efficiency rating; complaints or grievances filed by or against me. Furthermore, I voluntarily, FULLY CONSENT TO UNDERGO PHYSICAL, PSYCHOLOGICAL, PSYCHOMETRIC, AND URINALYSIS DRUG SCREEN TESTING. I am fully aware, and consent, that the information gathered in this screening process, be made known to the officers and employees of the Tyrone Police Department, as well as the officers and employees of the City of Tyrone Personnel Department, and the Georgia Peace Officers Standard and Training Council. I am aware that such information is required for application for P.O.S.T. certification as a law enforcement officer, and for employment with the Tyrone Police Department. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. Therefore, I AGREE THAT THE INFORMATION ACQUIRED IN THIS INVESTIGATION BE USED FOR EMPLOYMENT, TERMINATION, OR DISCIPLINARY DETERMINATION, and that such information becomes a matter of public information and is accessible to the public under existing state laws.

I UNDERSTAND THAT THIS CONSENT CAN AND MAY BE USED DURING ANY TIME OF MY EMPLOYMENT WITH THE TYRONE POLICE DEPARTMENT FOR ANY RANDOM TESTING, INTERNAL INVESTIGATION, CRIMINAL INVESTIGATION, DISCIPLINARY ACTIONS OR TERMINATION.

In consideration of making application for employment, and in complete understanding of the foregoing facts and possible results, I agree to hold to all elements of this release waiver, and further agree TO HOLD HARMLESS, CHIEF RANDY MUNDY, AND ALL OTHER EMPLOYEES OF THE TYRONE POLICE DEPARTMENT, AND THE CITY OF TYRONE, FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION, INCLUDING ANY ACT OF OMISSION OR COMMISSION.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Prior to signing this request authorization, I have fully read and understand the provisions of this writing. My request authorization is freely made without fear of punishment or promise of reward, and with full and complete understanding of the terms and consequences of my action.

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 LEGAL SIGNATURE

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Georgia Driver's History Consent Form**

I hereby authorize the **TYRONE POLICE DEPARTMENT** to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

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Full Name (Print)

---

Address

---

Sex

---

Date of Birth

---

Driver's License Number

---

Signature

---

Date

## Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

## Privacy Act Statement

*This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principle Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

**Applicant Privacy Rights  
Notification Signature Form**

**Applicant Notification and Record Challenge:**

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

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Signature

Print Name

Date

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize \_\_\_\_\_ **TYRONE POLICE DEPARTMENT** \_\_\_\_\_ to conduct an inquiry for  
Agency/Company  
 the purpose listed below and receive any Georgia and/or national criminal history record information  
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<b>PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)</b>	
<input type="checkbox"/>	U - Personal Copy
<b>CRIMINAL JUSTICE EMPLOYMENT</b>	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
 Agency Designee Signature and Title