



Departmental Use Only : Check All That Apply

- Complete Packet Submitted
- Meets Minimum Qualifications
- Disqualified
- State P.O.S.T. Certified (Georgia)
- State P.O.S.T. Certified (Other State)
- Currently Employed Peace Officer
- Previous L. E. Experience
- No Previous L. E. Experience

Departmental Use Only

- Date Posted _____
- Date Received _____
- Oral Board _____
- Record Check _____
- Background Check _____
- Polygraph Test _____
- Fit for Duty Test _____
- Psychological Test _____
- Physical/Drug Screen _____
- Hired _____
- Declined _____

**MIDDLE GEORGIA STATE COLLEGE DEPARTMENT OF PUBLIC SAFETY
EMPLOYMENT APPLICATION**

Please check the position(s) you are applying for:

- Other**
- Communications Officer**
- Administrative**
- Police Officer**
- Police Management**

Entire application must be completed and returned with the required documents:

For ALL POSITIONS please provide the following information:

- Birth Certificate (Copy)
- Social Security Card (Copy)
- Georgia or current state of residence driver's license (Copy)
- DD214 Member-4 if Applicable (Copy)
- High School Diploma or Equivalence Certificate (copy)
- Signed/Notarized Authorization to Obtain Credit History Information Form
- Authorization to Release Information Form with Original Signatures
- Completed Application for Classified Employment for Middle GA. State College

For POLICE OFFICER POSITIONS please include the following information in addition to information requested above:

- Notarized copy of your Driving History. If you are a Georgia resident, you can obtain one from the Georgia Department of Driver Services.
- Peace Officer Certification (copy) if you are already certified by Georgia P.O.S.T.
- Physical Agility Test Release of Liability (Must be signed before the Physical Agility Test is taken).
- Applicant-signed Explanation of Agreement for Reimbursement and Police Officer Job Description Questionnaire (if applicable).

INSTRUCTIONS

The Applicant Information Form contains all the necessary information for the applicant to be considered for hire by the Middle Georgia State College Department of Public Safety. In order for the application to be evaluated adequately, it is extremely important that all pertinent information be included. Each space on the form should be completed with an answer. Any questions that do not apply or to which the answers are unknown should be answered as "N/A" for non-applicable or "Unknown." Any spaces left blank and later discovered to pertain to the applicant could result in disqualification or dismissal.

Any questions about the Applicant Information Form or hiring procedures should be addressed to the Middle Georgia State College Department of Human Resources at (478) 471-2010.

If there is not enough room on any portion of this form for the requested information, please attach additional pages as needed. Include zip codes and current phone numbers with all address information.

STATEMENT OF COMPLETION

I hereby certify that each and every statement made on this form is true and complete and that this application includes the documents which are required to be attached, for the position applied for, as outlined on the first page of this application. I further understand that any false statement or omission of information will subject me to disqualification or dismissal. I also understand that an incomplete application or application lacking the necessary attached documentation will result in my application not being processed.

Signature

Date

**Middle Georgia State College
DEPARTMENT OF PUBLIC SAFETY**

RELEASE OF LIABILITY

I, _____, hereby acknowledge that I have no prior medical or psychological disease, injury, infirmity or condition which would adversely affect or be detrimental to my participation in the Middle Georgia State College Department of Public Safety pre-employment physical agility examination. This test is devised to simulate certain specific activities routinely expected of a Police Officer on patrol or other assignment. These events are designed to measure minimum levels of endurance, strength, agility, and coordination.

Signature of applicant: _____ Date: _____

I hereby release and hold harmless the State of Georgia, Board of Regents, Middle Georgia State College and its Department of Public Safety, and their agents, servants, contractors, and employees, from any and all liability for any illness or injury received because of, or the aggravation of any present or prior existing medical or psychological disease, injury, infirmity or condition brought about by, my participation in the Middle Georgia State College Department of Public Safety physical agility examination. I realize that failure to follow all instruction given by authorized officials of the Middle Georgia State College Department of Public Safety or officials or contractors acting on their behalf or failure to perform the test in the allotted time will result in my disqualification of the current open position.

Signature of applicant: _____ Date: _____

Identification of applicant checked: Yes No

Authorization to Release Information for Background Investigation

I, _____, born in _____ on _____,
(Name) (City & State) (Date of Birth)

Having filed an application for employment with the Middle Georgia State College Department of Public Safety, I hereby consent to have a background investigation conducted in regard to my possible future employment. This investigation and my consent necessarily involve the areas of moral character, professional reputation, physical and mental fitness, credit, employment history, and education. I understand that I will not receive a copy of the information obtained through this investigation and that I am not entitled to know its contents. The contents of my background are privileged. I hereby give consent to the Middle Georgia State College Department of Public Safety to solicit, obtain, inspect and copy any and all information, records and documents necessary to complete a thorough background investigation relative to my possible future employment.

I also authorize and request every person, firm, corporation, agency, court, association or institution having control of any documents, records or other information pertaining to me, including all documents and records regarding charges or complaints filed against me, or any other pertinent data, to furnish them to the Middle Georgia State College Department of Public Safety for inspection and copying.

I hereby release and forever discharge every person, firm, corporation, agency, court, association or institution furnishing such information from any and all liability arising out of the furnishing of such documents, records or information, or out of the investigation made by the Middle Georgia State College Department of Public Safety.

I hereby release and forever discharge Middle Georgia State College, its Department of Public Safety, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind arising from or by reason of any injury, damage or the consequences thereof, resulting from or in any way connected with the background investigation conducted in regard to my possible future employment. I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I hereby certify that I am at least 18 years of age and suffering under no legal disability and that I have read and understood the above.

Signature of Applicant

Printed Name

Date

State of _____, County of _____, Sworn to and

Subscribed before me this _____ day of _____, 20_____.

Notary Public

Expiration Date

MIDDLE GEORGIA STATE COLLEGE DEPARTMENT OF PUBLIC SAFETY

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized official of Middle Georgia State College (MGSC), whether such records are of a public, private, or confidential nature. I understand that MGSC may periodically check Georgia or other jurisdictional criminal history information, authorized access to MGSC State facilities, and related information and/or property at any time during my term of employment without seeking additional consent from me.

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed, as well as U.S. Veterans Administration records, POST records, employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings), and records of local, state and federal criminal justice agencies. I understand that permission is being given to the requesting entity to run additional background checks periodically without seeking additional consent from me.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be used in determining my suitability for Middle Georgia State College Department of Public Safety employment or employment in a governmental position of or with authorized access to MGSC State facilities, information and/or property. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by MGSC to be a participant in the determination process of such suitability. I also 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. I understand that information obtained with this authorization may be subject to public disclosure pursuant to the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.)

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature. I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

Full Name: _____ Sex: _____ Race: _____

Street Address: _____ City/State: _____

Social Security Number: _____ Date of Birth: _____

Have you lived in Georgia the past (5) Years? _____ Spouse's Name if Georgia Income Tax Filed Jointly: _____

Signature _____

Date _____

Authorization to Obtain Credit History Information

I, _____, born in _____ on _____
(Name) *(City & State)* *(Date of Birth)*

Having filed an application for employment with the Middle Georgia State College Department of Public Safety, I hereby consent to have Middle Georgia State College obtain a report of my credit history in conjunction with a background investigation conducted regarding my possible future employment. I understand that Middle Georgia State College will obtain a credit report as part of this process.

I hereby give consent to Middle Georgia State College to solicit, obtain, inspect and copy any and all information, records and documents pertaining to my credit history necessary to complete a thorough background investigation relative to my possible future employment. I also authorize and request every person, firm, corporation, agency, court, association or institution having control of any documents, records or other information pertaining to my credit history, to furnish them to Middle State College for inspection and copying.

I hereby release and forever discharge every person, firm, corporation, agency, court, association or institution furnishing such information from any and all liability arising out of the furnishing of such documents, records or information, or out of the investigation made by Middle Georgia State College

I hereby release and forever discharge Middle Georgia State College, its Department of Public Safety, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind arising from or by reason of any injury, damage or the consequences thereof, resulting from or in any way connected with the background investigation conducted in regard to my possible future employment. I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I hereby certify that I am at least 18 years of age and suffering under no legal disability and that I have read and understood the above.

Full Printed Name/Full Signature Name

Date

State of _____, County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

Expiration Date

Explanation of Agreement for Reimbursement (Non-Certified GA POST Police Applicants)

Before being hired by the Middle Georgia State College Department of Public Safety (Police Department) you will be required, as a condition of employment, to sign an Agreement for Reimbursement. This explanation is not to serve as the official Agreement for Reimbursement. The Agreement for Reimbursement will be signed by the employee upon being offered employment with Middle Georgia State College. The Agreement for Reimbursement contains the following provisions:

1. The employer has agreed to hire the employee to exercise his/her skills and abilities required to serve as a duly appointed police officer with the Middle Georgia State College Department of Public Safety.
2. The employee recognizes that there are certain expenses associated with the training required to become a certified police officer in accordance with the Georgia Peace Officer Standards and Training Council (P.O.S.T).
3. The employer shall be responsible for paying the employee's salary while attending the police academy and will further provide the employee with uniforms, weapons and other necessary equipment.
4. In exchange for receiving a salary while attending the police academy and equipment necessary to perform the tasks of a police officer, the employee agrees to work for the Middle Georgia State College Department of Public Safety for a period of twenty-four (24) months, beginning on the date of successful completion of the police academy.
5. The employee agrees that the training is not only necessary but is also a valuable asset to the employee and the Police Department. The Department can only recover the costs of such training by receiving the services of the employee for the twenty-four (24) month period.
6. The employee agrees that if he/she leaves the Department voluntarily prior to completion of the police academy, he/she shall reimburse the Department for the amount of their gross salary for the time attended plus an administrative cost of 10% of their salary during that time. No reimbursement will be assessed if the employee involuntarily fails to complete the police academy.
7. The employee agrees that if he/she leaves the Department voluntarily within the twenty-four (24) month period that he/she will pay back the cost of the training and outfitting as follows:

- a. 0 to 18 months.....100%
- b. 19 to 24 months.....75%

8. The total due if the employee voluntarily terminates employment before working the full 18 months will be \$10,000.00 which will lessen to \$7,500.00 from the beginning of the 19th month until the end of the 24th month.

35-8-22. Reimbursement of training expenses by subsequent employer of peace officer; collection procedure; required documentation

“(a) Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any county or municipality thereof employs a peace officer and said peace officer is hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. If said officer is hired by another agency during a period of 15 to 24 months after mandated or formalized training requirements are completed, then one-half of the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. The council shall set standards for reimbursement by hiring agencies based upon actual expenses incurred in mandated or formalized training by individual departments.

(b) The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment thereof and may enforce collection of such obligation through civil remedies and procedures.

(c) Effective July 1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgment of the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officer's employment with the demanding governmental unit. Otherwise, this Code section shall not apply to such demand for reimbursement.”

I have read and understand the explanation of the Agreement for Reimbursement. I realize that further explanation will be provided at a later date or upon my request.

Printed Name/ Signature Name

Date

Police Officer Job Description Questionnaire

The following sixteen (16) questions ask about your willingness and/or ability to perform certain tasks required of a Police Officer. Please answer all of the questions accurately. Failure to do so may delay your application. Check the answer that best describes how you rate yourself on each item. This is not a test.

1. Are you willing to undergo a background investigation to establish your integrity? Yes No (This will encompass any arrest/ criminal records, traffic record, military record, etc.).
2. Understanding that the Georgia Peace Officer Standards and Training Council requires you to qualify annually with your firearm, are you willing to maintain a proficiency level which allows you to meet this standard even if this involves practicing on your own time? Yes No
3. Are you willing to work day, evening, or night shifts including holidays and weekends? Yes No
4. Are you willing to patrol where assigned on foot, bicycle, or other means of transport other than traditional patrol type vehicles? Yes No
5. Are you willing to stop physical confrontations in spite of potential danger of physical harm to yourself? Yes No
6. Are you willing to approach and arrest dangerous person(s)? Yes No
7. Are you willing to complete detailed reports and maintain accurate records? Yes No
8. Are you willing to interact and work with people from different cultural, ethnic, and/or socioeconomic backgrounds? Yes No
9. Are you willing to attend training programs necessary to meet the minimum annual training standard set forth by the Georgia Peace Officer Standards and Training Council? Yes No
10. In this job you will be issued a firearm as part of your basic equipment. With this in mind, are you willing to use necessary force, up to and including deadly force? Yes No
11. Are you willing to tolerate verbal abuse and insults and not let them interfere with your ability to do your job? Yes No

12. Are you willing to submit to a pre-employment drug screening? Yes No

13. Are you willing to submit to random drug screening without any notice?
 Yes No

14. Are you willing to a pre-employment written psychological examination?
 Yes No

15. Are you willing to take a pre-employment polygraph/Voice Stress examination? Yes No

16. Are you willing to make decisions based on limited information? Yes No

PLEASE SIGN THIS QUESTIONNAIRE AFTER READING THE STATEMENT BELOW.

I have read and understand the Police Officer job description. I have read and answered each of the Sixteen (16) questions honestly. I understand that other portions of the application process may serve to check my responses to these questions.

Signature

Date

Printed Name of Applicant

APPLICANT INFORMATION FORM

Personal Data

Last Name,	First Name	Middle Name	Phone Number
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Present Mailing Address	City	County	Zip Code
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Permanent Mailing Address	City	County	Zip Code
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Social Security Number	Driver's License Number	State
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Date of Birth	Place of Birth (<i>city, county, state</i>)	Age
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Persons residing with you (*Do not include dependents*)

Hometown (*city, county, state where you were raised*)

Places of residence within the past 10 years

Address	City	County	Zip Code
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Address	City	County	Zip Code
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Address	City	County	Zip Code
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Address	City	County	Zip Code
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Address	City	County	Zip Code
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Address	City	County	Zip Code
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Address	City	County	Zip Code
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Address	City	County	Zip Code
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Physical Description

Race/Sex	Height (Ft/In)	Hair Color /Eye Color/ Weight
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Medical History

This information is to determine if you have any medical issues that could affect your ability to perform the duties of a police officer. (If hired, failure to disclose this information could result in termination.)

Type of Surgery	Date Limitations resulting from surgery
-----------------	-----------------------------------------

Type of Surgery	Date Limitations resulting from surgery
-----------------	-----------------------------------------

Type of Surgery	Date Limitations resulting from surgery
-----------------	-----------------------------------------

If you wish your application to be considered under laws pertaining to persons with disabilities, you may (if you qualify as a person with disability) identify yourself by describing in the space below any accommodation in the workplace which you might need in order to perform the essential duties of a Middle Georgia State College Police Department position:

Marital Status

Check applicable box:

- Married
- Single
- Divorced
- Widowed
- Separated

Spouse's Last Name	First	Middle/ Maiden
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Date of Marriage Date of Spouse's Death, Divorce, or Separation *(if applicable)*

Spouse's Employer	Employer's Address <i>(city, state)</i>	Employer's Phone Number
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Dependents

- 1. Do you have children? Yes No
- 2. Do your children reside with you? Yes No N/A
- 3. If your children do not reside with you, are you financially responsible for them? Yes No N/A
- 4. If your children do not reside with you and you are financially responsible for them, do you fulfill those financial obligations? Yes No N/A

Any special problems:

Emergency Contact

In case of an emergency, notify:

Mother's Name	Address	Phone #
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Father's Last Name	First	Middle
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Father's Address (<i>Use mother's if your father is deceased</i>)	Phone #
---------------------------------------------------------------------	---------

Your Father's Occupation and Employer (*use mother's information if the father is deceased*)

Habits and Hobbies (include tobacco, alcohol, drugs, gambling, etc.) Failure to disclose this information could result in disqualification from hire.

Habits:

Hobbies:

Clubs, Organizations, Civic Groups, or Affiliations, etc

Formal Education

Colleges, Universities, Vocational or Trade Schools Attended:

Name	Location (<i>city, state</i>)	From/To	Hours/Degree

High Schools:

Name	Location (<i>city, state</i>)	From/To	Graduate? (<i>Yes or No</i>)

GED/USAFI:

GED USAFI Location test was administered

Equivalency Diploma or Certificate Awarded? Yes No NA

Date Test Was Administered: _____

Name and Address of State Authority Issuing the Diploma:

Career Objectives

Reasons for wanting this work:

Military Service

Active Military Service

Branch	Selective Service Number	From (mo/yr) To (mo/yr)
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Military Job Description	Highest Rank Attained
--------------------------	-----------------------

Date and Location of your first entrance into active duty: _____

Unit Assignments in the Service:

Date and Location of your last discharge from Active Duty: _____

Type of Discharge: Honorable General Medical Bad Conduct Dishonorable

Army Reserve or National Guard

Are you currently on active reserve duty? Yes No

Name of Reserve or National Guard Unit

Address of Unit

Commanding Unit	Current Rank Service	# Length of Service
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Employment History

*Please list **all** jobs in chronological order, beginning with the most recent. If you need more space, you may attach additional sheets. (7 Year Employment History).*

Employer Name

Employer Address

Phone #

Position Title

Dates Employed

Supervisor

Duties

Reason for Leaving

Starting Salary _____ Ending Salary _____

Hrs Worked Per Week _____

May We Contact your Present Employer? Yes _____ No _____

Employer Name:

Employer Address

Phone #

Position Title

Dates Employed

Supervisor

Duties

Reason for Leaving

Starting Salary _____ Ending Salary _____

of Hrs Worked Per Wk _____

Employer Name

Employer Address Phone #

Position Title Dates Employed Supervisor

Duties

Reason for Leaving

Starting Salary _____ Ending Salary _____
Number of Hours Worked Per Week _____

Employer Name

Employer Address Phone #

Position Title Dates Employed Supervisor

Duties

Reason for Leaving

Starting Salary _____ Ending Salary _____ Number of Hours
Worked Per Week _____

Have you ever been discharged or forced to resign from employment?

Yes No

If "Yes," give name of employer(s) and reason(s):

Have you ever lost wages or taken a day off without pay as a result of disciplinary action by a supervisor?

Yes No

If "Yes," give the name of the employer and your explanation:

Personal References

Please include a minimum of three personal references, and do not include family members or work references

Last Name	First	Middle
Address	Home Phone	Work Phone
How long have you known this person (approximately)? _____		

Last Name	First	Middle
Address	Home Phone	Work Phone
How long have you known this person (approximately)? _____		

Last Name	First	Middle
Address	Home Phone	Work Phone
How long have you known this person (approximately)? _____		

Criminal History

List any criminal charges (felonies, misdemeanors, either civilian or military, not traffic). This would include first offender and nolo contendere pleas and/or dismissals; this would include incidents involving any other name you may have gone by in the past. Attach additional sheets if necessary.

Have you ever been arrested? Yes No

If "Yes," give details below:

Offense Charged Arresting Agency

Date Arrested Disposition of Case

Offense Charged Arresting Agency

Date Arrested Disposition of Case

Have you ever been convicted of a Felony? Yes No

If "Yes," give details below:

Have you ever been placed on Probation? Yes No

If "Yes," give details below:

Pending Charges or Indictments

Crime State and County Date

Crime State and County Date

Have you ever been questioned about or been the subject of a criminal investigation(s)? Yes No

If "Yes," give details below:

Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain’s mast or company punishment or any other disciplinary action while a member of the armed forces? Yes No

If “Yes,” give details below:

Traffic Charges

List your complete driver’s history, including pleas of Guilty and nolo contendere. Include all charges since being issued drivers’ license.

Offense	State and County	Date
Offense	State and County	Date
Offense	State and County	Date
Offense	State and County	Date
Offense	State and County	Date
Offense	State and County	Date
Offense	State and County	Date

Other Information

Do you currently or have you in the past used any illegal drugs or used prescription drugs in an illegal manner? Yes No

If “Yes,” give details below:

Explain any events in your life that may come up in a background check that may or may not affect your employment in Public Safety work:

I hereby certify that each and every statement made on this form is true and complete and that this application includes the documents which are required to be attached for the position applied for as outlined on the first page of this application. I further understand that any false statement or omission of information will subject me to disqualification or dismissal. Lastly, I understand that an incomplete application or an application lacking the necessary attached paperwork will result in my application not being processed.

Signature

Date

GEORGIA CRIME INFORMATION CENTER AWARENESS STATEMENT

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. §35-3-31. All data bases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Print Name: _____

Signed: _____ Date: _____

Witnessed: _____ Date: _____

Internal Criminal History Employment Consent Form

I hereby authorize the Middle Georgia State College Department of Public Safety to receive any **Criminal** or **Drivers History** record information pertaining to me, which may be in the files of any state or local criminal justice agency during the pre-employment background check.

Full Name (**Printed**) Sex Race

Complete Address City State Zip Code

Date of Birth Place of Birth Social Security Number

Driver's License Number State of License Classification of License

Date Signed Signature

My Commission Expires Notary Signature

Police Department Use Only Below This Line

Criminal History Purpose Code "Z" Date Run: ____/____/____

Operator: _____

Signed: _____

Drivers History Run Purpose Code "Z" Date Run: ____/____/____

Operator: _____

Signed: _____