## 4362 Peachtree Rd

***Brookhaven, GA 30319***

***Main 404-637-0500***

***Fax 404-637-0501***

[***www.brookhavenga.gov***](http://www.brookhavenga.gov/)

**Background Check Consent Form – For Boards Commissions and Trustees of the**

**City of Brookhaven**

I authorize the **Brookhaven Police Department** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

Print Full Name:

Maiden Name/Previous Name/Alias Info:

Date: Telephone Number:

Email address:

**Are you a U.S. Citizen?** Yes No

**If no, you will need to have your Green Card available.** Country of Birth:

Date of Birth: Race: Sex:\_ Social Sec#:\_

Street Address:\_

City:\_ County:\_ State: Zip:

Business Name:

Business Address:

# Signature of Applicant:

**Please return form to:**

City Clerk’s Office

Sandra.bryant@brookhavenga.gov

404-637-0468

Or, you can leave form at front desk at City Hall, 4362 Peachtree Road in a sealed envelope.

Or, you can upload form in the City’s confidential application portal at <https://www.brookhavenga.gov/bc>. Please click the *Apply* button and begin completing application. You can upload resumes, bios, and forms in this site/portal.

Thank you.