

Background Check Consent Form

*****PLEASE NOTE: Background Checks are performed between the hours of 8:30AM-4:30PM Monday-Friday.**

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	e/Alias Info:			
Date:	Telephone Number:			
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:S	Sex:	Social Sec#:	
Street Address:				
City:	County:		State:Zip:	
Business Name:				
Business Address:				
Signature of Applicant:				

For Finance Dept Use Only:

- □ Only Background Check & Fingerprints (No Permit Required)
- Only Background Check (No Permit Required)
- □ Return Results to Finance Department
- □ Pouring Permit (Photo, Background Check, Fingerprints)-Issue to Applicant (Exp. 1 yr)

Employee Completing:	Date Complete:		
Record Attached:	No Record:		