

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize Cumming Police Department to conduct an inquiry for
Agency/Company
 the purpose below and receive any Georgia and/or national CHRI 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 (Purpose Code E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.

NON-CRIMINAL JUSTICE PURPOSES	
E	Employment
M	Employment direct care with Mentally Ill/Developmentally Disabled
N	Employment direct care with Elderly
W	Employment direct care with Children
P	Public Record (no consent required)
F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT	
J	Civilian Criminal Justice Employment (state and III data received)
Z	Sworn Criminal Justice Employment (state and III data received)

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

	No criminal history available
	Criminal history available (attached/released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (list Wanting agency below)
	Wanting Agency Name:
	Wanting Agency Telephone:

Agency Designee Signature and Title

PERMIT QUESTIONNAIRE

As part of the background investigation being conducted by the City of Cumming and the Cumming Police Department in connection with your application for a Permit, you are requested to answer the following questions. If you answer "YES" to any of the questions, complete the information required. **A false statement may result in the denial of your application and may subject you to prosecution under OCGA 16-10-203, False Statements and Writings, punishable for up to five years in prison.** Please sign and date the form in the presence of a witness (Police Department staff will be acceptable as the witness).

1. Are you currently on Probation or Parole? NO YES

2. Have you ever been arrested? NO YES

List all arrests by date, charge and location. Use a separate page for additional arrests.

APX. DATE _____	CHARGE _____	LOCATION _____
APX. DATE _____	CHARGE _____	LOCATION _____
APX. DATE _____	CHARGE _____	LOCATION _____
APX. DATE _____	CHARGE _____	LOCATION _____
APX. DATE _____	CHARGE _____	LOCATION _____
APX. DATE _____	CHARGE _____	LOCATION _____

3. OTHER THAN NOTED ABOVE, HAVE YOU EVER BEEN THE SUBJECT OF A CRIMINAL INVESTIGATION, COMPLAINT OR INDICTMENT, OR BEEN CONVICTED OF OR PLED GUILTY TO A CRIME? NO YES (EXPLAIN BELOW)

SIGNATURE OF APPLICANT _____

DATE _____

WITNESSED BY: _____
(INITIAL)