

**Gun Control Act Consent Form**

(Use Purpose Code “J” for Law Enforcement Officers Employment and “E” for all others).

The passage of revisions to the federal Omnibus Consolidation Appropriations Act of 1997 and its amendment to the Gun Control Act of 1968 makes it unlawful for any person convicted of a “misdemeanor crime of domestic violence” to ship, transport, possess, or receive firearms or ammunition, including law enforcement personnel. There are no provisions in this law for Exemptions.

I hereby give my consent for a criminal history records check to be conducted. I understand that this consent is voluntary. However, I acknowledge that refusal to give my consent shall be grounds for an adverse effect concerning either a hiring decision or continued employment as a law enforcement officer.

Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

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Officer Disseminating History \_\_\_\_\_ Date \_\_\_\_\_

Revised: 02/18/05

**Personal History Consent**

I do hereby authorize the review of, and full disclosure of all records pertaining to me, to duly authorized agent(s) of **Upson County Sheriff's Office**.

The intent of this authorization is to give my consent for full and complete disclosure of the records which may be in the files of any State or Local Criminal Justice Agency; educational institutions; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and U.S. Veterans Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Upson County Sheriff's Office. I certify that any person(s) who may furnish such information pertaining to me shall not be held liable 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.

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

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Georgia Drivers License

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Notary Public                      Expire

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date                                      Seal

I understand that this information may be obtained through the use of this waiver at any time during which my application or certification is maintained through the Upson County Sheriff's Office.

**Upson Sheriff's Office**  
**Supplemental Employment Information**

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

**1.) List all relatives employed with Upson Sheriff's Office:**

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

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

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

**Departmental Use Only:**

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2.) Personal References: (List names, addresses and phone numbers of three references who are not relatives).**

a.) Name: \_\_\_\_\_

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

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

Telephone:\_(\_\_\_\_\_)\_\_\_\_\_

Remarks: (Departmental use only) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b.) Name: \_\_\_\_\_

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

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

Telephone:\_(\_\_\_\_\_)\_\_\_\_\_

Remarks: (Departmental use only) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c.) Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_

Remarks: (Departmental use only) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.) Credit References: (List names, addresses and telephone numbers of three active credit references within the last five years).**

a.) Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_

Remarks: (Departmental use only) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b.) Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_

Remarks: (Departmental use only) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c.) Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_

Remarks: (Departmental use only) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.) Have you ever served in any branch of the U.S. Military?**

Yes ( ) No ( )

**If yes, give branch, length of service and discharge information.**

\_\_\_\_\_  
\_\_\_\_\_

Discharge Honorable: yes ( ) no ( )

**5.) List all states in which you have lived:**

\_\_\_\_\_  
\_\_\_\_\_

**6.) List all traffic citations, dates, and the court(s) dispositions.**

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7.) List all criminal offenses you have been charged with and the dispositions.

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8.) Have you ever possessed or used illegal drugs? Yes ( ) No ( )  
If yes, please explain. \_\_\_\_\_

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9.) Have you ever consumed alcoholic beverages? Yes ( ) No ( )  
If yes, please explain quantity and consumption frequency.

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10.) Requirements for employment with Upson Sheriff's Office consists of the following tests and documents: Are you willing to provide and submit to upon request(s)?

- a.) High School Diploma or G.E.D. - Yes ( ) No ( )
- b.) Birth Certificate - Yes ( ) No ( )
- c.) Social Security Card - Yes ( ) No ( )
- d.) Drug Screening - Yes ( ) No ( )
- e.) Physical Exam - Yes ( ) No ( )

11.) Can you type? Yes ( ) No ( )  
If yes, how many words per minute? \_\_\_\_\_

12.) Do you have computer skills? Yes ( ) No ( )

Under penalty of law, I hereby certify that the above information is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Date