

AUTHORIZATION TO OBTAIN CREDIT REPORT

Under the provisions of the Fair Credit Reporting Act, you are required to give written consent prior to your credit report being requested and reviewed by a prospective employer. This document is such authorization.

As an applicant for employment with the Cobb County Department of Public Safety, I hereby give my full consent and authority to the Cobb County Department of Public Safety, their agents and assigns, to request and review a report of my credit, payment record, indebtedness and any other data pertaining to my personal credit standing that may be on file with any and all credit reporting agencies. I understand that my credit report may be used in determining my suitability for the position for which I have applied.

I understand that should I be denied employment based on my credit report, I will be provided with a copy of the report as well as my consumer's rights.

The personal information I have provided Cobb County will be used in obtaining the report.

Last Name	First Name	Full Middle Name
Street Number	Street Name	Apartment Number
City	State	ZIP
Date of Birth	Soc. Sec No.	Home Phone

I certify that the information I have provided above is true and correct to the best of my knowledge.

Signature	Date

Notary Public

Date

Seal

AUTHORIZATION FOR RELEASE OF INFORMATION

Part 1 of 2

To Whom It May Concern: I am an applicant for a position with Cobb County Department of Public Safety. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department. I hereby authorize any representative of the Cobb County Department of Public Safety bearing this release to obtain any information upon request of the bearer. I do hereby authorize a review of an full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Cobb County Department of Public Safety, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for Cobb County Department of Public Safety to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work records, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, and any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organizations, and all others from liability or damages that might result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of Cobb County Department of Public Safety regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of Cobb County Department of Public Safety, acceptance and processing of my application for employment, I agree to hold the custodian of such records, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with Cobb County Department of Public Safety. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by Cobb County Department of Public Safety in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on the rear of the form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signed this _____ day of _____, 20_____.

Applicant Signature: _____/Print Name: _____

Notary Public

Date

Seal

AUTHORIZATION FOR RELEASE OF INFORMATION

Part 2 of 2

NAME: _____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____

MAIDEN NAME: _____

OTHER NAMES USED: _____

CURRENT
ADDRESS: _____
(Number, Street, Apt #)

(City, State, Zip Code)

OTHER STATES OF RESIDENCY: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____ RACE: _____ SEX: _____

PLACE OF BIRTH: _____
(City, State, Nation)

DRIVER'S LICENSE NUMBER: _____ STATE: _____

EXPIRATION DATE: _____

HGT: _____ WGT: _____ EYE COLOR: _____ HAIR COLOR: _____

OTHER DRIVER'S LICENSES YOU HAVE HELD:

(State)	(License Number)
_____	_____
_____	_____
_____	_____
_____	_____