



# State of Georgia BACKGROUND REQUEST FORM (CONFIDENTIAL)

I, \_\_\_\_\_ am giving Database Systems permission to perform a consumer report (to include, but not limited to, credit, MVR, or **criminal background** check) on my past history, now, and on future dates or an investigation consumer report may be made and forwarded to The State of Georgia. I understand that by signing this release does not in any way constitute automatic employment with The State of Georgia. All questions must be filled out completely and accurately. Incomplete or inaccurate information may lead to rejection of your application for a background search. Information found to be false can also lead to rejection of your application.

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Additional name(s) used: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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

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

Please list your current county of residence. If you have not lived in your current county for the past seven years, also, list the other county (s) you have lived in during the last seven years along with your current one. Please be advised, there will be additional fees incurred if more than one county listed

1) Current County: \_\_\_\_\_ State \_\_\_\_\_ 2) Previous County \_\_\_\_\_ State \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: M / F

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

Department: \_\_\_\_\_

### EDUCATION

Name of School (CAMPUS) / Address or Phone Number Degree / Year

Name of School (CAMPUS) / Address or Phone Number	Degree / Year

REQUESTOR INFORMATION: **Please fill-out this form in its entirety. Form will not be processed unless all fields are completed.** A cover sheet is not needed when faxing this form. Please double-check to ensure that every line is **COMPLETED** by you and the applicant and that it is **LEGIBLE** before sending.

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

State Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: GA Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax # or Email \_\_\_\_\_

FAX OR EMAIL COMPLETED FORM TO DATABASE SYSTEMS INTERNATIONAL  
Fax: (1-866) 760-1878 or [sales@dsiinc.net](mailto:sales@dsiinc.net) Phone: 1-866-773-3675 or 770-760-1866  
[www.dsiinc.net](http://www.dsiinc.net)

# DISCLOSURE

Please be advised that we and/or our agent DSI, may obtain consumer reports and/or investigative consumer reports about you for employment purposes, including without limitation, for the purposes of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any additional notice. Pursuant to the Fair Credit Reporting Act (FCRA), consumer reports and/or investigative consumer reports (reference checks) may include, without limitation, information about your character, general reputation, personal characteristics and mode of living, whichever are applicable, as well as salary history, reason for termination, eligibility for rehire and any disciplinary actions taken against you. An investigative consumer report may involve personal interviews with sources, including without limitation, employers, supervisors, coworkers, clients, friends, associates and neighbors.

The FCRA provides you with the right to request from us, in writing within a reasonable amount of time, a disclosure of the nature and the scope of any investigative consumer report (reference check). The disclosure shall be made in writing and mailed, or otherwise delivered, to you no later than 5 days after the date on which your request is received or 5 days after the date on which the report was first requested, whichever is later. You may also request a "Summary of Your Consumer Rights under the FCRA " as prepared by the Federal Trade Commission. These can be obtained at no charge.

To obtain a disclosure of the nature and the scope of any investigative consumer report (reference check), please provide us a written request. To obtain a "Summary of Your Consumer Rights", simply let us know that you would like a copy.

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## AUTHORIZATION/CONSENT & RELEASE

I, the undersigned, certify that all the information provided as part of my application for employment is true and complete to the best of my knowledge. I acknowledge that any false or misleading information in my application materials or interview may result in denial of employment or termination, if hired and that any personal information requested, including date of birth, is requested solely for identification purposes.

I hereby authorize **Georgia Southwestern State University** and/or its agent DSI, to prepare consumer reports and/or investigative consumer reports (reference checks) about me for employment purposes, including without limitation, for the purpose of evaluating me for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment and without giving me any additional notice.

**I FURTHER AUTHORIZE ALL PERSONS, EMPLOYERS, SUPERVISORS, COWORKERS, SCHOOLS, COMPANIES, CORPORATIONS, ORGANIZATIONS, CREDIT BUREAUS, COURTS AND ANY GOVERNMENTAL, LAW ENFORCEMENT, LICENSING AND RECORD-KEEPING AGENCIES, AND ANY OTHER SOURCE OF INFORMATION TO PROVIDE ALL INFORMATION REQUESTED WITH RESPECT TO MY BACKGROUND, INCLUDING ANY CRIMINAL RECORDS, TO GSW AND/OR ITS AGENT DSI.**

I hereby voluntarily and knowingly release and discharge GSW, DSI and any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

I certify that I have read and understand this entire document, including the above **DISCLOSURE**, and I agree that a copy of this document is as valid as the original.

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Applicant's Printed Name

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Applicant's Signature

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Date