Towns County Fire Corps
Criminal History Search Request

I hereby authorize the Towns County Sheriff's Office to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

_____
Full Name (print)

_____
Address

_____	_____	_____	_____	_____
Sex	Race	Eye Color	Date of Birth	State of Birth

_____
Social Security Number

_____ _____
Signature Date

_____ _____
Notary Expiration Seal

Special employment provisions (check if applicable):

___ Employment with mentally disabled (Purpose code 'M')
___ Employment with elder care (Purpose code 'N')
___ Employment with children (Purpose code 'W')
___ Employment with criminal justice agency – Non-sworn (Purpose code 'J')
___ Employment with criminal justice agency – Sworn (Purpose code 'Z')

FOR OFFICE USE ONLY

To Whom It May Concern:
At the request of the undersigned, a criminal record check was conducted upon the files of the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC).

_____ No record was found using employment search criteria.

_____

Terminal Operator