

CONSENT TO GCIC/NCIC CRIMINAL HISTORY RECORD INQUIRY

Position Applied For: _____

INSTRUCTIONS: All items must be completed in **BLUE INK ONLY**. Please write legibly. This questionnaire and loyalty oath will be filed in the employee's personnel file with the employing agency.

Last Name	First Name	Middle Name	Social Security Number			
Other Names Used (Include maiden names, aliases and Former Marriages)						
Address	City	State	Zip Code	Telephone Number		
Date of Birth	Place of birth (City, State)	U.S. Citizen Yes or No (Circle One)	Nationality (if not a citizen)	Ht. / Wt.	Race	Sex

Have you ever been convicted by Federal, State, or other law-enforcement authorities for any violation of any **Federal law, State law, county or municipal law, regulation, or ordinance?** (Do not include anything that happened before your 16th birthday.) Do not include minor traffic violations such as speeding, following too closely or improper lane change, etc. All other convictions must be included. Yes ☐ No ☐ If the answer is yes, state the reason convicted, the date convicted, and the place where convicted. If additional space is needed continue on reverse side.

CHARGE ON WHICH CONVICTED	DATE CONVICTED	NAME OF COURT WHERE CONVICTED	PARDONED	YES NO (Circle One)

Are there any charges now pending against you by **Federal, State or other law enforcement authorities** for any violation of any **Federal Law, State Law, county or municipal law, regulation or ordinance?** (Do not include: minor traffic violations where any fine of \$35 or less would likely be imposed.) Yes ☐ No ☐ If the answer is yes, provide the following. If additional space is needed, continue on reverse side.

VIOLATION CHARGED	NAME OF GOVERNMENT	NAME OF COURT AND LOCATION WHERE PENDING

- Y N Have you resigned or been discharged from any position, including the armed forces, while under suspicion of having engaged in having engaged in criminal, immoral, or unprofessional conduct, or are you now under investigation for any such charge?
- Y N Have you been convicted of a felony or misdemeanor or pled nolo contendere, or are you now under investigation for any such offense, other than a minor traffic offense? For the purpose of this application, DUI/DWI's must be reported.
- Y N Have you ever surrendered a teaching certificate/credential/license/permit or had one denied, revoked or suspended, or is any investigation or adverse action now pending against you?

NOTICE TO APPLICANTS/EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (GA. Laws, 1953) as amended requires each applicant/employee, prior to his/her employment in State Government, take an oath that he/she will support the Constitution of the United States and the Constitution of the State of Georgia. Additionally, a 1986 GA Law {code 49-5-90, et, seq.} requires that any person who has supervisory or discipline powers over children must, as a condition of employment, undergo a criminal records check through the GCIC/NCIC. I understand this requirement is mandatory and the Board of Education must seek such information. I hereby consent that without further notice to me, the Board of Education may promptly conduct a search of my criminal record through the GCIC/NCIC and will use such information as required by law.

I understand that any misstatement or omission of information requested shall be a reason for non-employment, dismissal from employment or the inability to volunteer.

Applicant's Signature _____

Date _____

Authorized Personnel Use Only

Statement of Confidentiality for School Volunteers

As a volunteer, I will work with the highest standards, committed to the idea that my work will benefit students. I promise to take my work with an attitude of open-mindedness, and willingness to be trained, as well as interested and committed.

I understand that in the performance of my volunteer duties, I am **not** to discuss any academic or other confidential information regarding students or employees with anyone. Any breach of confidentiality will be carefully reviewed and if substantiated will result in termination of my volunteer involvement with the Richmond County School System.

I acknowledge that I have read, and understand this Statement of Confidentiality.

Volunteer's Signature

Date

Print Volunteer's Name

School or Organization

Volunteer Coordinator or Trainer

Date

All Confidentiality Statements must be attached to the GCIC / NCIC Criminal History Record Inquiry and forwarded to Sonia D. England in Student Services. Please keep a copy for your records.