



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)

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 previous county you 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 _____ (send original to HR)

****For HR Use Only****

Please select service(s) needed for this applicant:

- State Criminal Search (7 years) Please list States: _____, _____, _____, _____
County Criminal Search (7 years) List Counties _____ / _____
National Criminal record search (*note: does not pick up all counties in each state)
Federal Criminal search (7 years) Social Security Trace Sexual Predator Search
MVR-Driver Record -List State(s) _____ Credit Report Address History
Employment verification Education Verification Citizenship Right to work
Professional Licensure or Certification Personal and Professional References

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: Walt Alexanderson, Director Date: _____

State Agency: Augusta State University (Human Resources)

Address: 2500 Walton Way City Augusta State: GA Zip 30904

Phone Number: (706) 737-1763 Fax # or Email (706) 667-4152 or walexanderson@aug.edu

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