

**Authorization to Release Personal Information Form**

I understand that in order to determine my suitability for employment as a law enforcement officer with \_\_\_\_\_ Technical College, the College must make a thorough investigation of my personal history and background.

I do hereby authorize the release of all records pertaining to my personal history, background and employment history to any authorized agent of \_\_\_\_\_ Technical College, whether the records are of a public, private, or confidential nature. I understand that my consent may involve areas of moral character, professional reputation, credit history, employment history (including but not limited to performance appraisals, grievances, complaints, and disciplinary history), military history, and education verification.

I understand that the information obtained through a personal history background investigation developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment. I understand that I will not receive a copy of the information obtained through this investigation. Further, I am not entitled to know its content and waive any and all rights to the inspection or review of any information compiled in reference to my application for employment.

I hereby give my consent to \_\_\_\_\_ Technical College to solicit, obtain, inspect and copy (as necessary) any and all information, records, and documents needed to complete a background investigation relative to my possible employment. I also authorize and request every person, previous employer, firm, corporation, agency, court, association, or institution having control of any requested document(s), record(s), or other information pertaining to me to furnish them to the TCSG System Office or the requesting Technical College.

I hereby release and forever discharge every previous employer, person, firm, corporation, agency, court, association or institution furnishing such factual information from any and all liability arising out of providing these materials, documents, or information to the TCSG System Office or the identified technical college.

I hereby release and forever discharge the State Board of the Technical College System of Georgia, its members individually and the officials, agents and employees of the Technical College System of Georgia (to include the System Office and all associated technical colleges) from any and all claims, demands, rights, and causes of action of whatever kind arising from or by reason of any injury, damage or the consequences thereof, resulting from or in any way connected with the background investigation conducted in regard to my possible future employment.

I understand that the acceptance of this Release, Waiver of Liability and covenant Not to Sue by the State Board of the Technical College System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents and employees of the Technical College System of Georgia's System Office or its technical colleges.

A photocopy of this release form shall be considered valid, just as an original.

I hereby certify that I am at least 18 years of age and that I have read and understood the above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration

**Pre-Employment Questionnaire for P.O.S.T. Certified Law Enforcement Positions**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Position Applied For: \_\_\_\_\_ Full Time ☐ Part Time ☐

Please answer the following questions. It is important that all questions be answered accurately and completely. For questions requiring additional explanation, an extra page is attached. Please indicate the question number for any additional explanations.

Background Investigation Requirements

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Are you willing to undergo a thorough background investigation as a part of the selection process for a campus police position, to include a review of your employment history, the contacting of your identified personal references, and as applicable, your military history? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you willing to undergo a criminal history records check, a fingerprint records check, and a driver's history records check?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you willing to undergo a pre-employment drug test and, and if subsequently employed, be subject to random drug testing?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. As a condition of employment, are you willing to undergo a psychological examination to include a written assessment and personal interview, if required?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. As a condition of employment, are you willing to undergo a State of Georgia required medical examination?  | <input type="checkbox"/> | <input type="checkbox"/> |

General Information

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 6. Are you willing to work all shifts (day or evening), and, if needed, weekends and holidays?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you willing to interact with individuals from various cultural, ethnic, and socioeconomic backgrounds?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you willing to tolerate verbal abuse and insults without letting them interfere with your ability to carry out assigned duties and responsibilities?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you willing to physically intervene, if necessary, to stop arguments and fights, even when the situation could potentially involve a risk of harm to yourself or others?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been disciplined by your current or any former employer because of behavior, conduct, or attendance concerns, to include a suspension without pay, a demotion, or a salary reduction? If yes, please provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever been dismissed from employment or asked to resign by an employer? If yes, please provide details.   | <input type="checkbox"/> | <input type="checkbox"/> |

Attachment 4.1.9p.a3.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 12. The Rules of the Peace Officer Standards and Training Council require each certain peace officers to qualify annually with his/her firearms. Are you willing to maintain the required level of proficiency, even if this involves practicing on your own time and purchasing your own ammunition and range time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you currently or have you ever been placed under investigation by the Georgia P.O.S.T. Council for alleged misconduct or for any other reason? If yes, please provide details and the outcome.   | <input type="checkbox"/> | <input type="checkbox"/> |

Drug and Alcohol Use – if you answer yes to any of these questions, please provide additional details.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 14. Have you ever consumed any alcoholic beverage or used any form of illegal drug while working?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever used an illegal drug, including, but not limited to, crack, cocaine, opiates, or heroin? If yes, what is the most recent date of use: | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever used any prescription drug prescribed to another user?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been involved in the sale, distribution, or manufacture of any illegal drug?  | <input type="checkbox"/> | <input type="checkbox"/> |

Criminal History – if you answer yes to any of these questions, please provide additional details.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 18. Have you ever been convicted of any felony offense to include a plea of nolo contendere?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever been convicted of any misdemeanor offense to include a plea of nolo contendere?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever been convicted of a domestic violence or family violence offense to include a plea or nolo contendere? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you have any pending domestic violence or family violence charges?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever had a domestic violence protection order issued against you?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you been convicted of DWI or DUI in the past 5 years to include a plea of nolo contendere?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you have any pending criminal charges against you, to include DWI, or DUI?  | <input type="checkbox"/> | <input type="checkbox"/> |

Driver History

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 25. Do you currently possess a valid driver's license issued by the State of Georgia?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Do you currently possess a valid driver's license issued by a state other than Georgia?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Has your driver's license ever been suspended or revoked for any reason? If yes, please provide details.    | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have your driving privileges ever been restricted? If yes, please provide details.                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any outstanding traffic citations at this time? If yes, please provide details.                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you had any "at fault" motor vehicle accidents in the past five years? If yes, please provide details. | <input type="checkbox"/> | <input type="checkbox"/> |

Attachment 4.1.9p.a3.

Additional Explanations. Please indicate the question number. If no additional explanations are needed, ~~strikethrough this page.~~

**Statement of Completion**

I acknowledge that I have read and understand each question on this questionnaire. I hereby certify that each and every statement made on this questionnaire is true and complete to the best of my knowledge and that all responses have been made in good faith. I further understand that making a false or misleading statement on this document, and failure to answer a question truthfully, or an omission of information of material fact may result in my disqualification from further consideration for the position I have applied for.

I further understand that the information provided by me on this questionnaire and the information concerning me that is obtained during a background investigation may be subject to public disclosure pursuant to applicable provisions of the Georgia Open Records Act.

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Print Name

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Signature

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Date