

CJ RELEASE WAIVER

CONSENT TO BACKGROUND INVESTIGATION, DRUG TESTING, AND PHYSICAL AND PSYCHOLOGICAL TESTING

TO: CHIEF BRANDON PERKINS  
 TYRONE POLICE DEPARTMENT  
 945 SENOIA ROAD  
 TYRONE, GEORGIA 30290

RE: \_\_\_\_\_  
 Printed Name SSN  
 \_\_\_\_\_  
 Address Driver's License#/State  
 \_\_\_\_\_  
 City, State, Zip DOB  
 \_\_\_\_\_  
 Phone Number Sex Race Ht. Wt.

Accept this instrument as my personal request and authorization to conduct a comprehensive personal background investigation, including pending charges of any description, a complete traffic history, criminal history (including first offender status, if applicable,) credit history report, financial statements and records, wherever filed; Veterans administration; employment and pre-employment records, including background reports, polygraph examinations or reports, voice stress analysis or reports; efficiency rating; complaints or grievances filed by or against me. Furthermore, I voluntarily, FULLY CONSENT TO UNDERGO PHYSICAL, PSYCHOLOGICAL, PSYCHOMETRIC, AND URINALYSIS DRUG SCREEN TESTING. I am fully aware, and consent, that the information gathered in this screening process, be made known to the officers and employees of the Tyrone Police Department, as well as the officers and employees of the City of Tyrone Personnel Department, and the Georgia Peace Officers Standard and Training Council. I am aware that such information is required for application for P.O.S.T. certification as a law enforcement officer, and for employment with the Tyrone Police Department. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. Therefore, I AGREE THAT THE INFORMATION ACQUIRED IN THIS INVESTIGATION BE USED FOR EMPLOYMENT, TERMINATION, OR DISCIPLINARY DETERMINATION, and that such information becomes a matter of public information and is accessible to the public under existing state laws.

I UNDERSTAND THAT THIS CONSENT CAN AND MAY BE USED DURING ANY TIME OF MY EMPLOYMENT WITH THE TYRONE POLICE DEPARTMENT FOR ANY RANDOM TESTING, INTERNAL INVESTIGATION, CRIMINAL INVESTIGATION, DISCIPLINARY ACTIONS OR TERMINATION.

In consideration of making application for employment, and in complete understanding of the foregoing facts and possible results, I agree to hold to all elements of this release waiver, and further agree TO HOLD HARMLESS, CHIEF BRANDON PERKINS, AND ALL OTHER EMPLOYEES OF THE TYRONE POLICE DEPARTMENT, AND THE CITY OF TYRONE, FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION, INCLUDING ANY ACT OF OMISSION OR COMMISSION.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Prior to signing this request authorization, I have fully read and understand the provisions of this writing. My request authorization is freely made without fear of punishment or promise of reward, and with full and complete understanding of the terms and consequences of my action.

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 LEGAL SIGNATURE

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Georgia Driver's History Consent Form**

I hereby authorize the **TYRONE POLICE DEPARTMENT** to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

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Full Name (Print)

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Address

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Sex

---

Date of Birth

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Driver's License Number

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Signature

---

Date

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby give consent for the TYRONE POLICE DEPARTMENT to receive any Georgia or Ill criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date of inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_ Operator's initials: \_\_\_\_\_

Purpose Code used: (check one)

<input type="checkbox"/>	<b>Civilian Employment with a Criminal Justice Agency (J)</b> – Provides complete Georgia and Ill Criminal History Record Information except juvenile or restricted records.
<input type="checkbox"/>	<b>P.O.S.T. Certified Employment with a Criminal Justice Agency (Z)</b> - Provides Georgia and Ill Criminal History Record Information including restricted records that contain completed first offender sentences for any offense.

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia or Ill CHRI results available.
<input type="checkbox"/>	Georgia / Ill CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.

Wanting Agency Name:	
Agency Telephone:	

\_\_\_\_\_  
Agency Designee Signature and Title

\_\_\_\_\_  
Date