

# Whitfield County

## Board Of Commissioners



### Board Members

Mike Babb, Chairman  
Harold Brooker  
Greg Jones  
Gordon Morehouse  
Robby Staten

Dear prospective volunteer:

Thank you for choosing Whitfield County as your volunteer opportunity. We appreciate the time you are taking to complete our standard application process.

Whitfield County is committed to providing a safe environment for the public as well as offering all other volunteers the security of knowing that their counterparts are as trustworthy and safety oriented as they are.

In order to meet these safety and security goals, Whitfield County conducts a thorough national background screening. If you are considered for volunteer work, please note that some or all of the following screenings will be performed:

- Criminal records search (national)
- Social security validation
- Driving record
- Address history trace
- Sex Offender Registry

Whitfield County may request additional levels of background screening when appropriate. If there are any issues in your past that need to be resolved before Whitfield County initiates this background screening, please discuss with Brian Chastain, Parks & Recreation Director.

Please complete the enclosed forms and return to the Parks & Recreation Office. Again, thank you for applying for volunteer work with Whitfield County.

Sincerely,

Jackie Carlo  
Director of Human Resources

Brian Chastain  
Director of Parks & Recreation

# Employment/Volunteer Work Background Authorization & Release

I hereby authorize **Whitfield County** to obtain any and all information that pertains to my eligibility for employment/volunteer work. This information will include, but is not limited to, arrest and/or criminal records, credit history, driver/motor vehicle abstract, employment verification, education verification and social security number verification. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency to furnish the above-mentioned information. I further authorize the procurement of the above-mentioned reports at *any time* during my employment or contract.

\*\*\*Please Print The Following Information Clearly\*\*\*

## Personal Information (List all names used)

Last	First	Middle
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
SSN _____	Date of Birth _____	Gender _____ Race _____
Drivers License Number _____	State Issued _____	Expires _____
Current Street Address _____	City _____	State _____
Zip _____	Phone _____	

I state that the information provided is accurate to the best of my knowledge. I also understand that information about my background may contain negative information about my character and style of living. My signature releases any liability against **Whitfield County** or its acting agents. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Community: \_\_\_\_\_

Team Name & Age Group: \_\_\_\_\_

Please Check Sport Applying For:  Baseball  Softball  Football  Cheerleading  
 Basketball  Other

Signature \_\_\_\_\_ Date: \_\_\_\_\_





## Department of Motor Vehicle Safety

Driver Services Division

Attn: MVR Unit P.O. Box 80447 Conyers, Georgia 30013 (404) 657-9300

### Request for Motor Vehicle Record

#### Requestor Information

Requestor Name	Firm Name
Street Address	City, State Zip Code

#### Please provide a motor vehicle record (MVR) for the following driver:

Full Name (First Middle Maiden Last)	Date of Birth:	License Number:
Street Address	City, State	Zip Code

Please select either:

**Three (3) Year Record (\$5.00)** - This request is for a record covering the preceding three (3) years. I have enclosed the **required fee of \$5.00** with this application.

**Seven (7) Year Record (\$7.00)** - This request is for a record covering the preceding seven (7) years. I have enclosed the **required fee of \$7.00** with this application.

**For mail-in requests, include a self-addressed, stamped business size envelope.**

**Notice** – You must certify below that the purpose for this record request is either for **insurance underwriting** or for one of the other stated purposes.

#### Insurance Underwriting Use Certification

This record is for insurance underwriting purposes. I certify that the requested driver record is to be used for the underwriting of insurance and will be used for no other purposes. I further certify that there is on file with this company an application for insurance.

Requestor's Signature

Date

#### Credit, Employment, or Other Use Certification

This record is requested for the following purpose(s)?  Credit -  Employment -  Other Purpose

In accordance with OCGA §40-5-2, I do hereby authorize the requestor named above to procure a copy of my driver's license history.

Licensee Signature (Must be notarized)	Date	Notary Signature and Seal Here
Requestor Signature	Date	

**Before mailing this request** be sure you have included the appropriate fee and a self-addressed, stamped business size envelope.

**MAIL CASHIER'S CHECK OR MONEY ORDER, NO PERSONAL CHECKS ACCEPTED.**