

1/2017
12/2017



Whitfield County

Board of Commissioners

Board Members

R. Lynette Laughter, Chairman
Harold Brooker
Barry W. Robbins
Roger Crossen
Greg Jones

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 contact me at 706-226-8341.

Please complete the enclosed forms and return to the Parks & Recreation Office at 115 Edwards Park Dr. Dalton, Georgia 30721.

Again, thank you for applying for volunteer work with Whitfield County.

Sincerely,

Brian Chastain

Brian Chastain
Director of Parks & Recreation

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

WHITFIELD COUNTY may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (driving records), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment history conducted by Background Investigation Bureau, LLC, (BIB), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT," "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize WHITFIELD COUNTY to obtain "consumer reports" and/or "investigative consumer reports" about me at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of WHITFIELD COUNTY, and/or WHITFIELD COUNTY itself. I agree that a facsimile (fax) or photographic copy or digital copy of this Authorization shall be as valid as the original.

Signature: _____ **Date:** _____

Print Name: _____ **Date of Birth:** _____

- Please check this box if you are a **Minnesota** or **Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Company.
- Please check this box if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Personal Identifying Information Needed for Background Check – To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., maiden, surname, alias).

Last Name	First	Middle	
Last Name	First	Middle	
Last Name	First	Middle	
Home Street Address	Apartment/Unit#		
City	State	Zip	
Phone	E-mail Address		
Date of Birth	Social Security No.	Gender	Race
Driver's License Number	State Issued	Expires	

Community: _____

Team Name and Age Group: _____

Please Circle Sport Applying For: Baseball Softball Football

Cheerleading Basketball Other



Applicants - Please fill out highlighted into only

Thank You
WCRD

Georgia Department of Driver Services
Customer Service, Licensing and Records Division
P.O. Box 80447
Conyers, Georgia 30013

REQUEST FOR MOTOR VEHICLE REPORT (MVR)

- I am requesting my own Georgia MVR. (Complete Sections 1, 3, and 4)
- I am requesting a Georgia MVR of another individual. (Complete Sections 1, 2, 3, and 4)

PLEASE PRINT LEGIBLY

SECTION 1 – DRIVER INFORMATION (must exactly match driving record)			
Full Name (First, Middle, Last)	[REDACTED]		
Driver Date of Birth (MM/DD/YY)	[REDACTED]	Driver's License Number	[REDACTED]

SECTION 2 – THIRD PARTY REQUESTOR INFORMATION	
Full Name (First, Middle, Last)	[REDACTED]
Firm Name (if applicable)	[REDACTED]
Address	[REDACTED]
FOR DEPARTMENTAL USE ONLY	

SECTION 3 – TERM OF REQUEST
Please choose one of the following options:
<input type="checkbox"/> Three (3) year Georgia MVR (\$6.00 fee)
<input checked="" type="checkbox"/> Seven (7) year Georgia MVR (\$8.00 fee)
<input type="checkbox"/> Lifetime Georgia MVR (\$8.00 fee)
If you are requesting a Georgia MVR by mail, please include a business sized self-addressed stamped envelope along with this request and the required payment amount. By mail, we accept personal checks, cashier's checks, money orders, and company checks.

SECTION 4 – AUTHORIZATION TO RELEASE RECORD OF DRIVER			
Under penalty of law, I hereby (Please check one)	<input type="checkbox"/> request release of my driving record; OR	<input checked="" type="checkbox"/> consent to release of my driving record to the person and/or entity named in Section 2, in accordance with O.C.G.A. §40-5-2.	
Signature of Driver	[REDACTED]	Date (MM-DD-YY)	[REDACTED]