

**copy of
state or federal
identification**



Pickens Sheriff's Office
2985 Camp Road
Jasper, GA 30143
706-253-8900

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Pickens Sheriff's Office to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

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

This authorization is valid for 180 days from date of signature

Signature	Date
N/A	N/A
Attorney for Individual	Date
Bar Number	Date

OFFICE USE ONLY



Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

OFFICE USE ONLY



Purpose Code Used: (check all that apply)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	P - Public Records
<input type="checkbox"/>	U - Personal Copy
<input checked="" type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	N - Working with Elderly

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

<input type="checkbox"/>	NO Criminal History
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and Title

 Date

Date received: _____

COACHING APPLICATION

Position desired (circle all applicable): Head Assistant

Gender (circle all applicable): Boys Girls Co-Ed

Age group (circle all applicable): 3-4 5-6 7-8 9-10 11-12

Did you coach or assist a team last year? _____

 If so, what team/age: _____

Full name: _____

Home phone: _____ Cell phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Employer: _____ Work Phone: _____

Have you ever been certified in a coaches certification program(s)? _____

 If so, what program(s)? _____

Have you ever been convicted of a felony? _____

 If yes, you will have to explain the circumstances to the athletic director.

Do you consent to have a background check run on you? _____

Social Security #: _____ Date of birth: _____

OPTIONAL INFORMATION:

Spouse Name: _____

Your child(ren)'s name: Birthdate/age: School attending:

1. _____

2. _____

3. _____

I understand my position can be terminated by Pickens Co. Rec. Dept. if I violate the NYSCA coaches code of ethics or fail to abide by the rules and regulations set forth by Pickens Co. Recreation Dept.

I certify the information above, in this application, is true and complete. I understand false, misleading, or partial statements on this application are grounds for my dismissal as a coach.

Signature of Applicant: _____ Date: _____