

HENRY COUNTY POLICE DEPARTMENT



108 S. Zack Hinton Pkwy. • McDonough, Georgia 30253
Phone (770)288-8200 • Fax (770) 288-8400



Keith Nichols
Chief of Police

Citizens Police Academy

Application for admittance

Name _____
Last MI First

Date of Birth* _____ Race* _____ Sex* _____ Social Security* _____

Street Address _____

Email Address _____ Home Phone _____

Driver's License #/State _____ Occupation _____

Employer _____
Name Address

Business Phone _____ Cell Phone _____

Previous Address _____
Street City, State, Zip

List any other states you have lived or worked in _____

How long have you lived in Henry County? _____

How did you hear about the Academy? _____

Have you ever been arrested for any offense other than minor traffic offenses? _____

If yes, what for _____, when _____, where _____

Are you committed to attending all the sessions? _____

I hereby certify that the information contained in the application is true and complete to the best of my knowledge. The Henry County Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Police Academy.

Signature _____ Date _____

* This information is required for verification of data provided. It is not used for any other purposes.



Citizens Police Academy

Henry County Police Department

Authorization for Release of Information/ Consent Form

I hereby authorize the Henry County Police Department to obtain and/or driving history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, and other State, or any country.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records / information permit my records to be examined, copied or otherwise reviewed:

- **Criminal History Record**

A photocopy of this release form will NOT be valid as an original; we will need to have the ORIGINAL SIGNATURE and forms mailed or hand delivered to our offices. This release is executed with full knowledge and understanding that the information is for the official use of the Henry County Police Department in determining my suitability to attend the Citizens Police Academy.

I hereby waive and release any claims against any party, which I may have as a result of the release of any records or information referenced in this authorization. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and / or records.

I am furnishing my Social Security Number on a voluntary basis with the understanding such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of the above information / records concerning me in connection with this application. Should there be any questions as to the validity of this release you may contact me as indicated below.

Print:

Full Name _____ Signature _____

Drivers License Number _____ State _____

Complete home address _____

Home phone number _____ Work phone number _____

Race _____ Sex _____ Social Security number _____

Date of Birth ____/____/____ Today's Date _____

For Official Use Only

Information verified by _____ Date _____

Return completed application to:

Henry County Police Department

Attn: C.O.P.S. Unit

108 South Zack Hinton Parkway

McDonough, GA 30253

Faxed and email copies will not be accepted, we must have original signatures

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

Consent Form

I hereby authorize Henry County Government to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex Race Date of Birth Social Security Number

Department Position

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

- 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 company.