

Bulloch County Sheriff's Office Criminal History Record Information Consent/Inquiry Form

I hereby authorize Bulloch County Board of Commissioners/Stacey Bradley to conduct an inquiry for
Agency/Company/Person
 the purpose 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	Telephone number

This authorization is valid for 30 days from date of signature.

Signature Date

Attorney for Individual (Pur E and U Only) Bar Number Date

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

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

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

<input type="checkbox"/>	No Criminal Record Available
<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

MUST ATTACH A COPY OF VALID DRIVER'S LICENSE OR STATE ISSUED PHOTO I.D.

RECEIVED BY: _____

DATE: _____



Bulloch County
115 N. Main Street, Statesboro, GA 30458

DRIVER HISTORY CONSENT FORM

I hereby authorize Bulloch County to conduct a driver's history check on me and to receive any driver's history information pertaining to me which may be in the files of any federal, state or local criminal justice or driver's license agency. I understand these records will be used to evaluate my suitability to fulfill driving duties which may be related to my current or desired job assignment, and that information contained in these records may impact my employment with Bulloch County.

I further understand that by signing this consent form, I am authorizing Bulloch County to conduct additional periodic driver's history checks on me and to receive said information pertaining to me at any time during my employment with Bulloch County, without the necessity of any additional authorization from me and without any additional prior notice to me.

Applicant's Signature _____

Date _____

PLEASE COMPLETE THE FOLLOWING.

Applicant's Name: _____

Please enter name EXACTLY as shown on driver's license.

Date of Birth: _____

Driver's License #: _____

Driver's License Expiration Date: _____

**** A COPY OF DRIVER'S LICENSE MUST BE ATTACHED IN ORDER TO PROCESS. ****

Department: _____

Supervisor: _____



1096 Bermuda Run Road
Statesboro, GA 30458

(912) 871-5150

YOUR IMMEDIATE CARE CENTERS™ from GEORGIA EMERGENCY ASSOCIATES

EMPLOYER'S AUTHORIZATION FOR EXAMINATION and/or TREATMENT

Employer must complete this form prior to the employee visit. **Employee** must present photo ID at time of service.

Employer Company Name Bulloch County Board of Commissioners	
Patient Name	Patient SSN/ID#
Employer Physical Address 115 N. Main Street, Statesboro, GA 30458	
Employer Billing Address 115 N. Main Street, Statesboro, GA 30458	
Contact Name Stacey Bradley	Contact Title Human Resources Technician
Contact Work Phone (912)764-0107	Contact Mobile Phone
Contact E-Mail sbradley@bullochcounty.net	Contact Fax (912)764-4609
Best Form of Contact <input checked="" type="checkbox"/> Work Phone <input type="checkbox"/> Mobile Phone <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Other:	
Authorization Signature <i>Stacey Bradley</i>	Visit Date

BILLING INFORMATION

Bill EMPLOYER (see Employer Billing Address above)

EMPLOYEE to pay at time of Service

Bill WORKERS' COMPENSATION Insurance Company / TPA*:

Ins. Co. _____

Policy # _____

Phone _____

Contact _____

Claim # _____

DRUG and ALCOHOL TESTING SERVICES

REASON FOR TESTING:

Post-Accident Random

Pre-employment Reasonable Suspicion

DOT New Certification DOT Recertification

TEST REQUIRED:

DOT Drug Screen

Instant 5-Panel Urine Screen

Instant 10-Panel Urine Screen

Hair Follicle Testing

Non-DOT Specimen Collection only

Breath Alcohol Test

WORK-RELATED INJURY CARE

Date of Injury: _____

Evaluate and Treat Light Duty is Available

Be sure to indicate Drug Screen and/or Breath Alcohol Test required under *DRUG and ALCOHOL TESTING SERVICES*

Are Drug Screens and/or Breath Alcohol Tests covered by Workers' Comp Ins Co/TPA?

Y N N/A

OCCUPATIONAL MEDICAL SERVICES

DOT Physical – New Certification

DOT Physical – Recertification

Non-DOT Physical (Standard)

Non-DOT Physical (Employer Provided)

Fit For Duty Evaluation (Physical + PPE)

Job Title/Desc _____

Audiogram

Pulmonary Function Test (PFT)

Chest X-Ray

Lumbar Spine X-Ray

EKG

TB Test

Nicotine Test

Flu Shot

Hepatitis Vaccine (circle) A B Both

Other _____

REPORTING RESULTS

Fax paperwork to employer

E-mail paperwork to employer

Call employer

Give all paperwork to employee

Dive DOT card/Instant Screen Results Card only

SPECIAL INSTRUCTIONS

Please forward all results/documents to
sbradley@bullochcounty.net
