

# Consent Form

## *Criminal History Record & Driving Record*

I hereby authorize Gordon County or its agent to receive any criminal history record information pertaining to me which may be in the files of any federal, state, or local criminal justice agency.

I hereby authorize Gordon County or its agent to receive any information pertaining to my driving record which may be in the files of any federal, state, or local criminal justice agency.

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

My Commission Expires \_\_\_\_\_

# Consent Form

## *Credit History Reporting*

I hereby authorize Gordon County or any of its agents to receive any and all information that may be in my personal credit history that is necessary to make an employment decision.

Full Name: \_\_\_\_\_

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

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

My Commission Expires \_\_\_\_\_

# Consent Form

## *Drug Screening*

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Gordon County in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Southern Care Family Medicine may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the county or their designee for analysis.

I further agree to and hereby authorize the release of the results of said test to Gordon County.

I understand that it is the current use of illegal drugs that prohibits me from being employed at Gordon County.

I further agree to hold harmless the company and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testings in connection with Gordon County's consideration of my application.

I further agree that a reproduced copy of the pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant's Full Name: \_\_\_\_\_

SS# \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

# Consent Form

## *Employment Verification and Education*

I hereby authorize Gordon County or it's agent to receive any and all information that may be necessary to arrive at an employment decision. This includes information regarding my work performance and education, including attendance/graduation dates, gpa, and transcripts.

Full Name: \_\_\_\_\_

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

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

My Commission Expires \_\_\_\_\_