

**State of Georgia**  
**BACKGROUND REQUEST FORM**  
**(CONFIDENTIAL)**

I, \_\_\_\_\_ am giving Database Systems permission to perform a consumer report (to include, but not limited to, credit, MVR, or **criminal background** check) on my past history, now, and on future dates or an investigation consumer report may be made and forwarded to The State of Georgia. I understand that by signing this release does not in any way constitute automatic employment with The State of Georgia. All questions must be filled out completely and accurately. Incomplete or inaccurate information may lead to rejection of your application for a background search. Information found to be false can also lead to rejection of your application.

Applicant Name: \_\_\_\_\_  
**(First) (Middle) (Last) (Maiden)**

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

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

**Please list your current county of residence. If you have not lived in your current county for the past seven years, also, list the other county (s) you have lived in during the last seven years along with your current one. Please be advised, there will be additional fees incurred if more than one county listed**

1) Current County: \_\_\_\_\_ State \_\_\_\_\_ 2) Previous County \_\_\_\_\_ State \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: M / F

Applicant's Signature \_\_\_\_\_

**\*\*For HR Use Only\*\*\*\*Please select service(s) needed for this applicant:**

- State Criminal Search (7 years) Please list States: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_**
- County Criminal Search (7 years) List Counties \_\_\_\_\_ / \_\_\_\_\_**
- \*National Criminal record search (\*note: does not pick up all counties in each state)**
- Federal Criminal search (7 years)     Social Security Trace     Sexual Predator Search**
- MVR-Driver Record -List State(s) \_\_\_\_\_     Credit Report     Address History**
- Employment verification     Education Verification     Citizenship Right to work**
- Professional Licensure or Certification     Personal and Professional References**

**REQUESTOR INFORMATION: Please fill-out this form in its entirety. Form will not be processed unless all fields are completed.** A cover sheet is not needed when faxing this form. Please double-check to ensure that every line is **COMPLETED** by you and the applicant and that it is **LEGIBLE** before sending.

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

State Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: GA Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax # or Email \_\_\_\_\_

**FAX OR EMAIL COMPLETED FORM TO DATABASE SYSTEMS INTERNATIONAL**  
Fax: (1-866) 760-1878 or [sales@dsiinc.net](mailto:sales@dsiinc.net) Phone: 1-866-773-3675 or 770-760-1866  
[www.dsiinc.net](http://www.dsiinc.net)