

# CHEROKEE COUNTY BOARD OF EQUALIZATION APPLICATION

PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA OR COLLEGE DEGREE WITH THIS APPLICATION.

APPLICANT INFORMATION										
Last Name		First		M.I.		Date of Birth				
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
EDUCATION										
<b>High School</b>				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
<b>College</b>				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
<b>Other</b>				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
OTHER QUALIFICATIONS										
List property owned by applicant										
Address / Legal Description										
Address / Legal Description										
Elected posts held with terms of office										
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>										
PREVIOUS EMPLOYMENT / EXPERIENCE										
<b>Company</b>						Phone				
Address						Years				
<b>Company</b>						Phone				
Address						Years				
<b>Other Relevant Experience</b>										
DISCLAIMER AND SIGNATURE										
After reviewing the qualifications and training requirements, please sign below indicating that you meet the qualifications and that you agree to comply with the training requirements:										
Signature							Date			
Print										

# Cherokee Sheriff's Office

## Name-Based Criminal History Record Information Consent/Inquiry Form – NCJ

**Section 1: Authorization** - I authorize the Cherokee Sheriff's Office to process my criminal history record information and release any information pertaining to me which may be in the file of any state, national, or local criminal justice agency to the individual I have specified below. If this information is being released to a business, agency, or organization, the Cherokee Sheriff's Office must have a specific person's name at the business, agency, or organization and the address and the title of the business, agency, or organization. If this information is being released to an individual, the Cherokee Sheriff's Office must have the individual's name and address. (O.C.G.A. §35-3-34) For the Cherokee Sheriff's Office to better serve you, please fill out this form neatly and in its entirety. Do not change, strikethrough, or white out any information. This form is for the Cherokee Sheriff's NCJ consent form for employment, personal inspection, and other NCJ reasons as allowed by O.C.G.A. §35-3-34.

I, \_\_\_\_\_ hereby authorize the CSO to conduct an inquiry for Company/Individual (name releasing record to) Sherry Caughman/Human Resources the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law. This authorization is valid for 90 days from date of signature.

Full Name: (Last, First, and Middle – Please Print Legibly)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ SEX (M/F) \_\_\_\_\_ RACE\*\* \_\_\_\_\_ Social Security Number \_\_\_\_\_

**\*\*Race Abbreviations\*\***

Asian/Pacific Islander - A  
Black – B  
Alaskan Native/American Indian – I  
White – W  
Unknown – U

Authorizing Signature \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

Attorney for Individual (Purpose Code E and U Only) \_\_\_\_\_

Bar Number \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

Notary Signature & Stamp \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

Driver's License Number (Notary Use Only) \_\_\_\_\_

Purpose Code Used (check one):

Note: Only one inquiry may be performed per consent form.

**NON-CRIMINAL JUSTICE PURPOSES**

<input type="checkbox"/>	<b>E</b>	Adoption
<input type="checkbox"/>	<b>E</b>	Apartment
<input type="checkbox"/>	<b>E</b>	Employment _____
<input type="checkbox"/>	<b>E</b>	Licensing _____
<input type="checkbox"/>	<b>E</b>	Raffle Permit
<input type="checkbox"/>	<b>E</b>	Volunteer _____
<input type="checkbox"/>	<b>M</b>	Employment direct care with Mentally Ill/Developmentally Disabled
<input type="checkbox"/>	<b>N</b>	Employment direct care with Elderly
<input type="checkbox"/>	<b>W</b>	Employment direct care with Children
<input type="checkbox"/>	<b>U</b>	Personal Copy (stamp return "personal copy")

Notary Stamp

AGENCY USE ONLY BELOW

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

This inquiry resulted in the following: \_\_\_\_\_ No criminal history available \_\_\_\_\_ Criminal history available (attached/released)