

CSRA PRIVATE DUTY, INC.

P. O. Box 254 ~ Washington, GA 30673
706.678.3108 ~ 1.800.987.2511 ~ Fax 706.678.3111

Date:

To Whom It May Concern:

As a prospective employee, I give my consent for CSRA Private Duty, Inc. to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local justice agency in Georgia.

Full Name (printed as it appears on Social Security Card)

Address

Sex

Race

Date of Birth

Social Security Number

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 days / 180 days (circle one) from the date of signature.

Or

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature

Date