



Bremen City Schools

A Quality Balanced Education With The Personal Touch

Dr. David Hicks, *Superintendent*

Mr. Daryl Sellers, *Board Chairperson*

PROSPECTIVE EMPLOYEE STATEMENT OF AUTHORIZATION Certified and Classified Positions

I understand that in the event I am offered a position with the Bremen City School System, I will be required to be fingerprinted and have a criminal background check in accordance with the Official Code of Georgia Annotated 20-2-211(E)(1).

I further understand I am responsible for the \$50.00 processing fee associated with the criminal background check. This fee must be paid by cash, cashier check or money order made payable in advance of fingerprinting to the Tallapoosa Police Department. Contact Mark Worthy at 770-574-7211 to schedule fingerprinting.

I agree and consent for such a background check and investigation to be conducted and agree to hold harmless the school system and all officials, representatives, and employees of the foregoing from any and all claims which may arise from the school district's use of information obtained from the criminal background check.

I further understand that effective 1/1/1995 if I am offered a position that requires a Commercial Driver's License (CDL) that I will be subject both initially and randomly to alcohol and drug screening in accordance with O.C.G.A. 20-2-1120 through 20-2-1122.

I hereby authorize the Bremen Board of Education to receive any criminal background history pertaining to me which may be in the files of any state, or criminal agency in Georgia.

Name (Print or Type)

Address

City, State, Zip

Sex

Race

Date/Birth

Social Security Number

Applicant Signature

Date

Notary Signature/Seal/Expiration of Commission

Date