

## REQUIRED BACKGROUND CHECK

*The Owner, Designated Agent, All Partners, Principal Stockholders,  
Members, Security Personnel, and All Managers Must Complete This Form.*

Check the Appropriate Box:

<input type="checkbox"/> Individual Owner	<input type="checkbox"/> Manager
<input type="checkbox"/> Partner	<input type="checkbox"/> Security Personnel
<input type="checkbox"/> Designated Agent	<input type="checkbox"/> Principal Stockholder/Member

FULL NAME PRINTED			
ADDRESS			
CITY/STATE/ZIP			
MAIDEN OR PREVIOUSLY USED NAMES			
SEX	RACE	SOCIAL SECURITY #	DATE OF BIRTH

I hereby authorize the City of Eton, and its Departments and Commissions to receive and review any criminal history record information pertaining to me, which may be in the files of any State or Local Criminal Justice Agency in Georgia. This Authorization shall be continuing until revoked in writing by me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to and Subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public