



GAINESVILLE POLICE DEPARTMENT
2015 Citizens Pistol Safety Course
Application Form

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A. This form must be typed or printed legibly in black ink.

B. Read the information carefully and be certain to include all information requested. Be sure to include street numbers, zip codes, and telephone numbers, where requested.

Name: _____
 Last First Middle

HOME ADDRESS: _____

HOME or CELL PHONE: _____

OTHER CONTACT NUMBER: _____

OCCUPATION: _____

E-MAIL ADDRESS: _____

PLEASE RETURN COMPLETED FORM VIA E-MAIL NO LATER THAN

April 16th, 2015 TO: Sergeant Jim Von Essen
jvonessen@gainesville.org

or you may drop of completed application in the front lobby of the Gainesville Justice Center

**701 Queen City Parkway
Gainesville, GA 30501**

Seats are limited to 20 students. You will be notified of acceptance, those not selected will be placed on a waiting list.

Purpose: _____

Gainesville Police Department
701 Queen City Parkway SW
Gainesville, Georgia 30501
770-534-5252

C o n s e n t F o r m

I hereby authorize _____ to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Special employment provisions (check if applicable):

- 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 90/180/_____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

PLEASE PRINT INFORMATION

FIRST	MIDDLE	LAST	MAIDEN
Street address (NO P.O. Box)			
City	State	Zip	
Sex	Race	Date of Birth	Social Security #
Telephone Number			
Signature			Date
Notary Public	Commission Expires		Today's Date

******Special Conditions******

If an adverse employment or licensing decision is made against the person whose record was obtained under this law, the person shall be informed by the person/company making the decision:

- That a record was obtained
- The specific contents of the record
- The effect the record made upon the decision

Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.

Date completed (Agency Use Only)	Signature/Initials (Agency Personnel)
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