

POSITION OF TRUST  
LIMITED BACKGROUND INVESTIGATION

The Office of the Governor and the Georgia Bureau of Investigation will use the following information for a background investigation to determine whether or not you qualify for appointment to a Board, Commission, Committee, Authority or other Position of Public Trust. **READ and CAREFULLY FOLLOW the instructions below.**

1. The application packet includes the following forms:
  - Questionnaire (3 pages)
  - Georgia Bureau of Investigation Release Form (1 page)
  - State Bar of Georgia Release Form (1 page)  
**Note:** if you are not an attorney, you do not need to complete and return this form.
2. Please complete each question fully, attaching additional explanation(s), if needed.
3. Return the completed questionnaire and the attachments as soon as possible to one of the following:

<p><b>Amy Doehrman,</b> <i>Director of Appointments</i> <a href="mailto:Amy.doehrman@georgia.gov">Amy.doehrman@georgia.gov</a></p>
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OR mail to: Office of the Governor  
**Amy Doehrman,** Director of Appointments  
203 State Capitol  
Atlanta, GA 30334

4. Your receipt of this application packet does not indicate that you have been selected or appointed for this Position of Trust. Accordingly, please be cautious of making any statements to the effect until you have been specifically informed of your appointment. **The Executive Appointments Office will notify you of your appointment after you have been qualified for the Position of Trust.**

*Application for Appointment to Position of Trust*

Completion of this application packet and a successful background check is a requirement for your appointment by the Governor to a Board, Commission, Committee, Authority, or other Position of Trust. **Information submitted on this form may be subject to public disclosure under the Georgia Open Records Act (O.C.G.A Section 50-18-70).** Attach additional sheets if additional space is needed for explanations.

Applying for: \_\_\_\_\_  
Name of Board, Commission, Committee, Authority, General area of Interest, or specific Position of Trust

**Biographical Information**

Legal Name \_\_\_\_\_  
Last First Middle

Nickname or preferred name \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Have you ever been known by any other legal name? \_\_\_ Yes \_\_\_ No If "Yes" list and explain: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Name of Child(ren) \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No If "No", explain: \_\_\_\_\_

If you are a naturalized citizen, date of naturalization \_\_\_\_\_

Are you a registered Georgia Voter? \_\_\_ Yes \_\_\_ No If "Yes" list county of registration: \_\_\_\_\_

Are you a registered lobbyist? \_\_\_ Yes \_\_\_ No If "Yes", which states and when? \_\_\_\_\_

Preferred contact address? \_\_\_ Residence address \_\_\_ Business address \_\_\_ Home E-mail \_\_\_ Office E-mail

Residence Address: \_\_\_\_\_  
Street/Route/Apt. City State Zip

County \_\_\_\_\_ Congressional District # \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Home FAX (\_\_\_\_) \_\_\_\_\_ Cell Phone/Pager (\_\_\_\_) \_\_\_\_\_

Since what year have you been a continuous resident of Georgia? \_\_\_\_\_

Number of years at this residence? \_\_\_\_\_yrs.

If less than (5) years, list each city of residence during the last five (5) years:

City,State	From Mo/Yr	To Mo/Yr
_____	_____	_____
_____	_____	_____

**Professional Information**

Present Employer \_\_\_\_\_  
Company/Business Name

Business Address \_\_\_\_\_  
Street/Route/Apt/Box City State Zip

Business Phone (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Job Title/Responsibilities \_\_\_\_\_

Have you ever been a registered lobbyist? \_\_\_Yes \_\_\_No If “Yes” list and explain: \_\_\_\_\_

Identify all of your professional license(s) and the following information. Specify if your license(s) are in a name other than the legal name you listed on page 1.

Type of License	License#	Issuance Date	Continuously active since issuance? Y/N
_____	_____	_____	_____
_____	_____	_____	_____

**Educational History- specify school attended, year of graduation and type of degree received**

High school equivalence (G.E.D) \_\_\_\_\_

Undergraduate \_\_\_\_\_

Graduate \_\_\_\_\_

**Military History: (branch of service, years of service, highest rank)**

Military \_\_\_\_\_

**Names of State Legislators**

Senator \_\_\_\_\_ Representative \_\_\_\_\_

**Background Investigation**

**If you answer “Yes” to any of the following questions, please submit an explanation on a separate page.**

1. Have you ever had your driver’s license suspended or revoked?  Yes  No
2. Have you ever been convicted of, pled nolo contendere or pled guilty to a motor vehicle offense, including traffic offenses?  Yes  No
3. Have you ever been arrested or been the subject of a criminal complaint or indictment?  Yes  No
4. Have you ever been convicted of, pled nolo contendere or pled guilty to a crime?  Yes  No
5. Have you personally or has any company in which you were a principal ever been the subject of a criminal investigation?  Yes  No
6. In any of your employments, businesses, or professional associations have you ever been disqualified, discharged, or resigned from a position with charges pending against you?  Yes  No
7. Have you ever had any grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked, or modified?  Yes  No
8. Have you ever had a public order, private order, or any other type of sanction or reprimand entered against you or your professional license?  Yes  No
9. Have you failed to file federal or state income tax returns for any of the past five (5) years?  Yes  No
10. Are you or any company in which you have a controlling interest delinquent in filing any local, state, or federal taxes?  Yes  No
11. Have you ever defaulted on a student loan?  Yes  No
12. Have you ever been investigated, reprimanded, or fined by a state or federal agency?  Yes  No
13. Have you or any company in which you have a controlling interest ever been suspended from doing business with any state or federal agency?  Yes  No
14. Do you have any interest in any company that does business with the State of Georgia?  Yes  No
15. Are you or any organization that employs you the recipient of any state grant monies?  Yes  No

16. Do you serve on any local or state board, commission, council, authority, or in any elected office? If yes, please list.  Yes  No
17. Are you, or is any member of your family, currently an employee of any federal, state, or local government?  Yes  No
18. Have you been the subject of any previous background check due to appointment to a federal, state, or local agency or board?  Yes  No
19. Do you object to submitting to a background check, which may access your criminal history, driving history, credit history, state and federal income tax payment history, child support payment history, and educational loan payment history?  Yes  No
20. Are you aware of anything about your past which, if disclosed, would be embarrassing for the Governor ?  Yes  No
21. Are you aware of any conflict of interest that might result from your appointment to this state board or commission?  Yes  No
22. Have you ever been a named party to any civil litigation? If yes, please provide a brief summary of the case and its resolution.  Yes  No
23. Do you object to filing an annual financial disclosure in accordance with the Georgia Ethics in Government Act (O.C.G.A Section 21-5-50), if applicable?  Yes  No

The information provided on this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Georgia Bureau of Investigation-  
Authorization For Release of Personal Information**

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation, whether such records are of a public, private or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and /or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed, as well a U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be used in determining my suitability for the appointment to or in a governmental position of trust. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Georgia Bureau of Investigation to be a participant in the determination process of such suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this authorization for Release of Personal Information Document.

\_\_\_\_\_  
Full Legal Name-Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Residence Street Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Authorization



**GEORGIA DEPARTMENT OF REVENUE**

***AUTHORIZATION FOR RELEASE OF PERSONAL/TAX  
INFORMATION***

By signing this authorization, I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Department of Revenue (DOR) or the Governor's Office, whether such records are of a public, private, or confidential nature. I understand that DOR may periodically check my tax information at any time during my State of Georgia employment and/or appointment without seeking additional consent from me and provide such results to the Governor's Office if requested.

By signing below, I acknowledge and understand that any information obtained by a personal history and/or tax background check which is developed directly or indirectly, in whole or in part, upon this release authorization may be used in determining my suitability for State of Georgia employment and/or appointment. I authorize the disclosure of the aforementioned personal and/or tax information to any person(s) deemed by DOR to be a participant in the determination process of such suitability. I also certify that any person(s) who furnish such information concerning me according to this authorization shall not be held liable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of properly furnishing such information.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

_____	_____
Full Name Printed	Signature
_____	_____
Street Address	Sex                      Race
_____	_____
City/State	Date of Birth
_____	_____
Social Security Number	Date
_____	_____
Yes or No	_____
I have lived in Georgia in the past five years	Name of spouse if State of Georgia Income Tax filed jointly

**Complete this page only if you are a member of the State Bar of Georgia.  
State Bar of Georgia – Authorization for release of information**

**State of Georgia**

**County of \_\_\_\_\_**

The undersigned, being a candidate for appointment by the Governor of the State of Georgia to a position of state court judge, state court solicitor, district attorney or any other position of trust and being fully cognizant of the responsibility to the public, the Bench, and the Bar of this State, do hereby:

1. Authorize the State Bar of Georgia and its Disciplinary Board (and the disciplinary authority any other state in which the undersigned may have practiced law) to answer any inquires, questions, or interrogatories concerning the undersigned which may be submitted to them by the Georgia Bureau of Investigation (GBI) or its authorized representative, and to give full and complete information regarding the undersigned in any of their files and permit the GBI or its authorized representative to inspect and make copies of any documents, records, or other information concerning the undersigned and any grievance or complaint which might have been made against the undersigned at any time whatsoever; and
2. Authorize the State Bar of Georgia and its Disciplinary Board to disclose the Georgia Bureau of Investigation or its authorized representative all confidential disciplinary histories and records concerning the undersigned and to permit the GBI or its authorized representative to inspect and make copies of all such confidential records, disciplinary histories and related information; and
3. Waive all confidentiality to any disciplinary information pursuant to State Bar Rule 4-221 (d) for the purposes of this release; and
4. Authorize the Georgia Bureau of Investigation to disclose to the Governor if the State of Georgia and authorized representatives of the Governor all information, documents, records, disciplinary histories, and other confidential information obtained by this release; and
5. Release and exonerate the Governor of the State of Georgia, the State Bar of Georgia, the Georgia Bureau of Investigation, and every other person, firm, officer, corporation, association, organization or institution which might be involved in complying with, or receiving information under this release made herein from any and all liability of every nature and kind growing out of or in any wise pertaining to compliance with this release.

For the purpose of this release, the undersigned gives permission to use a photocopy of his/her signature on this form as an original signature.

Date of Birth: \_\_\_\_\_

State Bar Number: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Candidate

\_\_\_\_\_  
Signature of Candidate

IN WITNESS WHEREOF the undersigned has set his/her hand and seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC / My Commission Expires: \_\_\_\_\_