

Metropolitan Atlanta Rapid Transit Authority



MARTA Police Department Authorization & Consent Form

I hereby authorize the MARTA Police Department, or the MARTA Division of Personnel, to receive any information concerning my employment history, driver's license history, credit history, or criminal history information pertaining to me which may be in the files of any local, state, or federal criminal justice agency as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency. This authorization shall remain in effect from date of signature until such time as my application is rejected or, if employed, my employment is terminated. I also request and authorize a review and full disclosure of all records concerning me, to any authorized agent of the MARTA Police Department, or the MARTA Division of Personnel, whether the records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; internal investigations and disciplinary records; financial or credit institutions or reporting agencies including loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other consultation, including hospitals, clinics, private practitioners, and the US Veterans Administration; employment and preemployment records; and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either civil or criminal, in which I have or have had an interest. 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 considered in determining the suitability for employment by the MARTA Police Department.

A photocopy or facsimile of this release form will be as valid as an original, even though the photocopy or facsimile does not contain an original writing of my signature. I hereby release all individuals, organizations, previous employers, reporting agencies, and others as stated above from any liability or damage which may result from furnishing the requested information.

I understand that this information will be used by the MARTA Police Department only for official purposes and will be kept confidential. I relieve MARTA of all liabilities.

Full Printed Name

Applicant Signature

Street Address

City

State

Zip Code

Sex

Race

D.O.B.

Social Security Number

Driver's License Number

State of Issuance

Notary Public

Date

Commission Expiration