



COGENT  SYSTEMS
Georgia Applicant Processing Services

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

By: _____

Date: _____



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Fingerprint Applicant Registration

All fields are required for completion.

Last Name _____		First Name _____		Middle Name _____	
Suffix	<input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	Date of Birth (MMDDYYYY) _____			
Place of Birth (City, State) _____		Social Security Number _____			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height	_____	Weight	_____
Race	<input type="checkbox"/> Asian or Pacific Islander	Eye Color	<input type="checkbox"/> Blue	Hair Color	<input type="checkbox"/> Black
	<input type="checkbox"/> Black		<input type="checkbox"/> Black		<input type="checkbox"/> Blonde
	<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Brown		<input type="checkbox"/> Blue
	<input type="checkbox"/> Unknown		<input type="checkbox"/> Green		<input type="checkbox"/> Brown
	<input type="checkbox"/> White (includes Mexicans and Latinos)		<input type="checkbox"/> Gray		<input type="checkbox"/> Gray
Country of Citizenship _____		<input type="checkbox"/> Hazel	<input type="checkbox"/> Orange		
Driver's License No. _____		<input type="checkbox"/> Maroon	<input type="checkbox"/> Purple		
Driver's License State _____		<input type="checkbox"/> Multicolor	<input type="checkbox"/> Pink		
		<input type="checkbox"/> Pink	<input type="checkbox"/> Red		
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Sandy		
			<input type="checkbox"/> White		
			<input type="checkbox"/> Unknown		
Address _____					
City _____		State _____		Zip code _____	
Phone # _____		Email _____			
including area code					