



## Jackson Trail Fire Rescue

3345 Jackson Trail Road • Jefferson, GA 30549 • 706-367-9557

Chief David Coholich

I, \_\_\_\_\_, hereby authorize Jackson Trail Fire Rescue and/or its agents to make an independent investigation of any background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for that purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service at Jackson Trail Fire Rescue.

I release Jackson Trail Fire Rescue and/or its agents and any person or entity, which provides information pursuant to that authorization, from any all liabilities, claims, or law suits in regards to the information obtained from any all of the above sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Maiden Name

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

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

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

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Expiration Date

**\*\*\*Do not sign below unless in the presence of a notary\*\*\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date