



GCCA
GEORGIA CRIME INFORMATION CENTER
BACKGROUND CHECKS FOR PROSPECTIVE EMPLOYEES
MEMORANDUM OF AGREEMENT

The City of Chamblee Police Department, the Georgia Child Care Association (GCCA) and _____, hereinafter referred to as "the Company", agree as follows:

The Chamblee Police Department agrees to run criminal history record checks for the company for employment purposes.

All requests for record checks must be submitted on a Georgia Crime Information (GCIC) approved consent form containing the employee's signature. (GCCA will provide the necessary forms.)

The company acknowledges that these record checks are performed on a name search only, and that fingerprints must be submitted to GCIC for positive identification of an individual's record.

The company also acknowledges that if an employment decision adverse to the record subject is made, the record subject must be informed that a criminal history record check was made, the specific contents of the record, and the effect the record had upon the decision. The company has been advised that the failure to provide this information to the person subject to the adverse decision is a misdemeanor.

The Chamblee Police Department agrees to make every effort to provide a maximum processing time of 48 hours, but is in no way bound thereby.

The company agrees to pay to the Georgia Child Care Association a fee for each Criminal Records Check request processed to be determined as follows:

\$10.00 per record check for GCCA members in good standing, or
 \$18.00 per record check for non-members or members not in good standing.

The company also agrees to pay all invoices within fifteen (15) days following the billing date. The company further understands and agrees that any invoice that remains unpaid after thirty (30) days following the billing date will result in immediate termination of this agreement and no further record check requests will be accepted or processed. In the event this Agreement is terminated, the company shall remain responsible for all outstanding balances plus any collection fees.

Either party may cancel this agreement by providing the other party with (30) thirty days written notice.

This _____ day of _____, _____
 (day) (month) (year)

The Company: _____
 (Company Name)

By: _____
 (Authorized Agent)

Title: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____

Fax: (_____) _____

Is the above fax number a dedicated & secure line? (circle one) YES NO