

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant or to renew an existing account, for a(n) occupational tax certificate, contractors' registration, a regulatory or alcohol license, as referenced in O.C.G.A. § 36-60-6(d), from the City of Moultrie, Georgia, the undersigned applicant representing the private employer know as:

Name of Company: _____

verifies one of the following with respect to the application for the above mentioned document:

- a) _____ On July 1, 2013, the individual, firm, or corporation employed more than eleven (11) employees.
- b) _____ On July 1, 2013, the individual, firm, or corporation employed less than ten (10) employees.

The employer has registered with and utilizes the federal work authorization program (*also known as the E-Verify program*) in accordance with the applicable provisions and deadlines establish in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization number (*also known as the Company ID number*) and date of authorization are as listed below:

E-Verify Number, (*also known as the, Company ID Number*): _____

Date of Authorization: _____

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 36-60-6(a), and face criminal penalties allowed by such statute.

Executed on the _____ day of _____, _____

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

Address of the Individual, Firm, or Corporation

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, _____.

Notary Public: _____

My Commission Expires: _____

INDIVIDUAL CONSENT REQUEST FOR DISSEMINATION OF RECORDS AND INFORMATION

I, the undersigned, hereby authorize _____ to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE PRINT

Person of Inquiry/Full Name

Street Address

City

State

Zip Code

Phone Number

Race

Sex

Date of Birth

Social Security Number

Signature/Person of Inquiry

Notary

Date

(Seal)

Commission Expires

PURPOSE OF INQUIRY (Circle One)

Housing

School

Non-Law Enforcement Employment

Law Enforcement Employment

Employment with Elderly

Employment with Children

Employment with Mental Health

Contractor Registration

Occupational Tax

REQUESTOR'S ACKNOWLEDGEMENT

DISCLOSURE PROVISION: In the event that an employment or licensing decision is made adverse to the person above, the person must be informed by the individual or group making the decision, of all pertinent information which resulted in the adverse action. This disclosure shall include information that a record was obtained, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information shall be a misdemeanor.

REQUESTING:

() MPD Record Only

Requestor's Signature

() GCIC Record NO RECORD SEE ATTACHED
(FEES: Record Search/Dissemination—\$_____)

Representing—Company, Firm, etc...

Dissemination Officer _____

Date _____