

# CERTIFICATION BY EMPLOYING AGENCY EMPLOYMENT VERIFICATION

to

## Peace Officers' Annuity And Benefit Fund of Georgia

P.O. Box 56  
Griffin, Georgia 30224  
770-228-8461

NOTICE: Georgia Law provides as follows:

*"Any person who knowingly furnishes false information for the purpose of becoming a member of the Fund, or for receiving credit for service to which he is not entitled, or for receiving benefits hereunder, or any person who knowingly assists in doing any of the foregoing things, shall be guilty of a misdemeanor, and upon conviction thereof, shall be punished as for a misdemeanor."*

Date \_\_\_\_\_

1. Name of Employee (or Former Employee): \_\_\_\_\_

2. Present or Last Known Address: \_\_\_\_\_  
*Street* *City*

3. Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

4. Employing Agency and Department: \_\_\_\_\_

5. Employing Agency Telephone No. \_\_\_\_\_

6. What Is/Was Employee's Title? \_\_\_\_\_  
*(Policeman, Sheriff, Warden, Guard, Trooper, etc.)*

7. Is this employee required to be certified under provisions of Peace Officer Standards and Training Act? \_\_\_\_\_

8. If this employee has/had duties other than general law enforcement, please explain what these duties are/were:

\_\_\_\_\_  
\_\_\_\_\_

9. How many hours per week does/did the employee devote to this job? \_\_\_\_\_

10. What was the beginning date of this employment? \_\_\_\_\_  
*Month* *Day* *Year*

11. What was the ending date of this employment? \_\_\_\_\_  
*Month* *Day* *Year*

12. Employee's last/present monthly salary? \_\_\_\_\_

13. Please list any periods that this employee was not employed during this time including any periods during which no salary was paid, such as suspensions or sick time in excess of authorized sick leave. Please note if workmens comp.

\_\_\_\_\_  
\_\_\_\_\_

14. If Employee was employed by this employer before this present employment period, please give dates and positions held.

\_\_\_\_\_  
\_\_\_\_\_

(Over - This form continued on reverse side)

15. Is/was this employee required to post bond for this employment? \_\_\_\_\_

16. Does/did the employee have power and authority to make arrests? \_\_\_\_\_

Under what law is such authority given? \_\_\_\_\_

17. Does/did the employee serve civil processes and other official papers? \_\_\_\_\_

18. Does/did this employee have custody of prisoners? \_\_\_\_\_

If so, was/is he armed? \_\_\_\_\_

19. Is there a written job description covering the position of this employee? \_\_\_\_\_

I hereby certify that the information given above is true and accurate as the same appears on the records of

\_\_\_\_\_  
(employee)

Given under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_

*To be signed by a representative of Employing Agency  
with access to Personnel Records.*

\_\_\_\_\_  
Witnessed by Notary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title of Signer

\_\_\_\_\_  
Signer's Telephone Number

\_\_\_\_\_  
Office Address

**Note: This form is not valid until signed by a properly authorized individual for the Employing Agency and must be notarized by a different individual. The proper execution of this document is the Applicant's responsibility.**