

CERTIFICATION BY EMPLOYING AGENCY: EMPLOYMENT VERIFICATION
for CORRECTIONS, PROBATION, PARDONS & PAROLES, & COMMUNITY SUPERVISION OFFICERS

Please return to:

Peace Officers' Annuity & Benefit Fund of GA

P.O. Box 56, Griffin, GA 30224 • 770-228-8461 (Office) • 770-412-1236 (Fax)

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 THING, SHALL BE GUILTY OF A MISDEMEANOR, AND UPON CONVICTION THEREOF SHALL BE PUNISHED AS FOR A MISDEMEANOR."

Date: _____ Member #: _____

1. Employee Name: _____

2. Date of Birth: _____ SSN: _____

3. Mailing Address: _____

STREET ADDRESS & APARTMENT/ UNIT #

CITY

ST

ZIP

4. Employing Agency: _____ Job Title: _____

5. POST Certification Required? _____ YES/ NO Job Description Available? (Please provide if yes.) _____ YES/ NO

Custody of Prisoners? _____ YES/ NO If so, was/is the officer armed? _____ YES/ NO

6. Police Powers Card Held? _____ YES/ NO Police Powers Card #: _____ Expiration Date: _____

7. Has this employee previously worked for this agency? If so, please provide the dates and positions held as well as if the position was **full time** or **part time**:

8. How many hours per week are devoted to this job? _____

9. Beginning date of most recent employment: _____
MONTH DAY YEAR

10. Ending date of most recent employment: _____
MONTH DAY YEAR

11. Please list all positions held during employment and the dates corresponding with the positions below:

POSITION	FROM	TO	POLICE POWERS CARD REQUIRED?

12. Please list any periods that this employee was on **LEAVE WITHOUT PAY** (suspension, FMLA, etc.) Please note if worker's compensation:

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

I hereby certify that the information given above is true and accurate as the same appears on the records of _____
APPLICANT/ MEMBER'S NAME

This _____ day of _____

Representative Name: _____

Witnessed by: _____

Signature: _____

Notary Public

Title of Signer: _____

Phone Number: _____

Email Address: _____