

**CERTIFICATION BY EMPLOYING AGENCY**  
EMPLOYMENT VERIFICATION FOR GENERAL LAW ENFORCEMENT

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? \_\_\_\_\_ Job Description Available? \_\_\_\_\_  
YES/ NO YES/ NO  
Power/ Authority to Arrest? \_\_\_\_\_ Custody of Prisoners? \_\_\_\_\_ If so, was/is the officer armed? \_\_\_\_\_  
YES/ NO YES/ NO YES/ NO

6. 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:  
\_\_\_\_\_  
\_\_\_\_\_

7. How many hours per week are devoted to this job? \_\_\_\_\_

8. Beginning date of most recent employment: \_\_\_\_\_  
MONTH DAY YEAR

9. Ending date of most recent employment: \_\_\_\_\_  
MONTH DAY YEAR

10. 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: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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