



# PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GEORGIA

1208 Greenbelt Drive, Griffin, GA 30224

phone: 770-228-8461 | fax: 770-412-1236

www.poab.georgia.gov | email: poabf@rfga.us

Please return by mail, email, or fax to above contact.

## CERTIFICATION BY EMPLOYING AGENCY FORM

### EMPLOYMENT VERIFICATION

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: \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Employing Agency: \_\_\_\_\_ Job Title: \_\_\_\_\_

6. 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

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: \_\_\_\_\_

10. Ending date of most recent employment: \_\_\_\_\_

11. 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 the employee listed above: \_\_\_\_\_

APPLICANT/ MEMBER'S NAME

This \_\_\_\_\_ day of \_\_\_\_\_ Agency Representative Name: \_\_\_\_\_

Representative Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Title of Signer: \_\_\_\_\_

Notary Public Phone Number: \_\_\_\_\_

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

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