## CERTIFICATION BY EMPLOYING AGENCY

EMPLOYMENT VERIFICATION

Please return to:

## Peace Officers' Annuity & Benefit Fund of GA

. 1208 Greenbelt Drive, 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."

	:				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 Descripti		ES/ NO	
	Power/ Authority	to Arrest? YES/ N	Custody of P	risoners? YES/ NO	_ If so, was/is the	officer armed?  YES/ NO
6.	Has this employee as if the position w	•		? If so, please pro	vide the dates and	positions held as well
7.	How many hours p	er week are devo	ted to this job?			
8.	Beginning date of r	most recent empl	oyment:			
0	- I: I			MONTH	DAY	YEAR
9.	Ending date of mos	st recent employr	nent:	MONTH	DAY	YEAR
٥.						
	Please list any perions worker's compensa		loyee was on <u>LEA</u>		<u>(</u> (suspension, FML	A, etc.) Please note if
10. <u>Note</u> : individ		ation: rned by a properly author this document is the Ap,	rized individual for the e	NE WITHOUT PAY	e note that <b>this form must</b>	be notarized by a different
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