

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."

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: _____

Signature: _____

Witnessed by: _____
Notary Public

Title of Signer: _____

My Commission Expires: _____

Phone Number: _____

Email Address: _____

Office Address: _____
