



PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GEORGIA

1210 Greenbelt Drive, Griffin, GA 30224
phone: 770-228-8461 | fax: 770-412-1236
www.poab.georgia.gov | email: poabf@rfga.us

CERTIFICATION BY EMPLOYING AGENCY FORM

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

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 workers' compensation:

AGENCY CERTIFICATION:

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: _____

Witnessed on: _____ **APPLICANT/ MEMBER'S NAME**

This _____ day of _____

Witnessed by: _____

Agency Representative Name: _____

My commission expires: _____

Representative Signature: _____

Title of Signer: _____

Phone Number: _____

Email Address: _____

Office Address: _____

