

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

****REQUIRED****

Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, **stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

If your business employs less than ten (10) employees, please check this box ☐, and sign below.

By checking this box and signing this form below, you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 20____ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20__

NOTARY PUBLIC

My Commission Expires:

Affidavit Verifying Status of Benefit Applicant

****REQUIRED****

Pursuant to the Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1), effective July 1, 2007, every agency in The City of South Fulton providing public benefits through any local program is responsible for determining the immigration status of citizen applicants for said benefits.

By executing this affidavit under oath, as an applicant for benefits, I am stating the following with respect to my application for benefits from Fulton County Government:

Select one of the below.

_____ I am a United States citizen 18 years of age or older;

_____ I am a legal permanent resident 18 years of age or older;

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, 18 years of age or older and lawfully present in the United States. My alien number issued by the U.S. Department of Homeland Security or other federal immigration agency is, _____

The undersigned applicant also hereby verifies that he or she has provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

(Please enclose legible copy of document with Affidavit.)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20.

Executed in _____ (city) _____ (state).

Signature of Applicant

Date

Printed Name

Subscribed to and sworn before me on this the

_____ Day of _____ 20____.

Notary Public

My Commission Expires:

"FORM REQUIRED" This form must be completed and returned with a copy of your secure and verifiable document, your City of South Fulton Occupational Tax Renewal and payment. Failure to return the completed Affidavit with your renewal and payment will delay the issuance of your **occupational certificate.**