STATE SECURITY QUESTIONNAIRE LOYALTY OATH

NOTICE TO APPLICANTS/EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (Georgia Law 16-11-5 *et seq.*) requires each applicant/employee to complete and sign, prior to employment in State Government, a questionnaire which is designed to establish that there are no reasonable grounds to believe that he/she is a subversive person. A subversive person is defined as one who commits, advocates, or teaches any act intended to overthrow or destroy the government of the United States or government of the State of Georgia by force or violence, or who is a knowing member of a subversive organization. Georgia Code 45-3-11 requires all employees of the State of Georgia to take an oath that they will support the Constitution of the United States and the Constitution of the State of Georgia.

INSTRUCTIONS: All items must be completed on a typewriter or printed in ink. If more space is needed for any item, or explanation, continue under item 10. This questionnaire and loyalty oath will be filed in the employee's personnel file in the employing agency. The employee may request that a copy be executed for his/her personal files.

IMPORTANT WARNING: It is critical that you complete this form accurately. Material falsification or misrepresentation of any information, including criminal charges, will result in the employment offer being withdrawn or separation from employment. For clarification of any portion of this form, please discuss with the hiring official or Human Resource/Personnel Office prior to signing the form.

Office prior to signing the	he form.	orm, piease discuss with	the ming official of fi	tuman Kesoui	ce/Fersonner
	LSO INCLUDE MAIDEN NAME IASES, NICKNAMES AND THE		RRIAGES, FORMER NA	AMES CHANG	ED LEGALLY
LAST NAME FIRST NA		,		PHONE NO.	
MAIDEN NAME		DATES USED	NICKNAME	NICKNAMES	
OTHER NAMES, INCLUDING ALIASES & FORMER MARRIAGES		DATES USED			DATES USED
		DATES USED			DATES USED
2. ADDRESS (No and Str	eet of Residence) APT NO	CITY	STATE	COUNTY	ZIP CODE
3. DATE OF BIRTH	U.S. CITIZEN			RACE	SEX
3. DATE OF BIRTH	YesNo (NATIONAL	.ITY			
advocates or has as one	ou been within the last ten (10) year of its objectives, the overthrow ofNo. If "Yes", state the name of t	the government of the United	d States or of the government	ent of the State	of Georgia by force
NOTE: If the enswer t	to the above question is "Yes" and	the employing outhority door	ns further inquiry necessor	ny vou urill bo n	otified of such
determination. No action	on adverse to your application will you to present evidence, and only it	be taken because of an affirr	native answer until after s	uch an inquiry,	with notice to you
5. MILITARY SERVICE	· · · · · · · · · · · · · · · · · · ·				
SERIAL NUMBER	BRANCH	ACTIVE SERVICE	ACTIVE OR IN RESER		DISCHARGED

From

To

From

Honorably

Other

Dishonorably ()

If Discharge other than Honorable, explain in item 8.

6. Have you ever been convicted by Federal, Sta Municipal law, regulation, or ordinance? (Do not for which a fine of \$35.00 or less was imposed.	include anything that h All other convictions m	appened before your six ust be included even if t	steenth birthday. Do not include	le minor traffic violations	
"Yes", state the reason convicted, the date convic CHARGE ON WHICH CONVICTED	ted, and the place wher DATE CONVICTED	re convicted. NAME OF COURT & PLACE WHERE CONVICTED		PARDONED (yes or no)	
7. Are there any charges now pending against y law, County or Municipal law, regulation or minor traffic violations for which a fined of information.	ordinance? (Do not inc	clude anything that happ	ened before your sixteenth birt	hday. Do not include	
VIOLATION CHARGED	NAME OF G			LOCATION WHERE DING	
SPACE FOR CONTINUING ANSWERS Of sheet if more space is needed.)	R EXPLANATIONS (S	Show item numbers to w	hich answers or explanations a	pply. Attach a separate	
Note: Before signing this form, check all ans	wers and explanations	to see that you have a	nswered all questions fully ar	nd correctly. This form	
is to be executed under oath subject to penalt					
	LO	YALTY OATH			
I,		(Name of Ap	oplicant/Employee), a citizen of	Georgia and being an	
employee of the State of Georgia and the recipien support the Constitution of the United States and		rvices rendered as such	employee, do hereby solemnly	swear and affirm that I will	
	AFFIDAV	IT OF VERIFICATION	I		
Georgia Fulton County					
Personally appeared before the undersigned office who, after being duly sworn, deposes and says an that he has read and completed the same and know furnished by him in the foregoing questionnaire, a	d declares under penalti ws and understands the	ies of false swearing that contents thereof; that the	e matters stated therein and the	d the foregoing instrument; answers and information	
SWORN TO AND SUBSCRIBED BEFORE ME		SIGNATURE OF AFF	TANT (Applicant/Employee)		
Thisday of (month), (ye		PRINT NAME		_	
SIGNATURE OF NOTARY PUBLIC					
My commission expires					