



**GEORGIA VOCATIONAL REHABILITATION AGENCY
STATE SECURITY QUESTIONNAIRE / LOYALTY OATH**

(Please complete this form legibly. If more space is needed, please use Section 6.)

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or misrepresentation of any information, including criminal charges, will result in the employment offer being withdrawn or separation from employment.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.

STATE SECURITY QUESTIONNAIRE

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.

1. LIST FULL NAME (ALSO INCLUDE MAIDEN NAME, NAMES OF FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES, AND NICKNAMES, AND THE DATES USED)			
LAST NAME		FIRST NAME	MIDDLE NAME
OTHER NAMES, AS DESCRIBED ABOVE			
NAME	DATES USED	NAME	DATES USED
NAME	DATES USED	NAME	DATES USED

2. CURRENT ADDRESS	APT. NO.	CITY	COUNTY	STATE	ZIP CODE
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3. Are you now or have you been within the last ten (10) years a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives, the overthrow of the government of the United States or of the government of the State of Georgia by force or violence? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," state the name of the organization and your past and present membership status including any offices held.
NOTE: If the answer to the above question is "Yes" and the department deems further inquiry is necessary, you will be notified. If the result of the inquiry brings your application within the prohibition of Georgia Law 16-11-5 <i>et seq.</i> , you will be notified and given the opportunity to present evidence prior to action adverse to your application being taken.

CRITICAL: Failure to list all information on criminal charges, pending charges, and/or convictions (Questions 4 & 5) will result in the employment offer being withdrawn or separation from employment. Pleas of *nolo contendere* must be listed. Charges processed under Georgia's First Offender Act are not required to be listed IF all requirements are being or have been met. (e.g., fines paid, community service, probation, etc. are being or have been completed) If unsure of the status, please discuss with the hiring official or Human Resource/Personnel Office *prior* to signing this form. (NOTE: DUI's cannot be processed under Georgia's First Offender Act, and all DUI convictions, *nolo* pleas or pending charges must be listed.)

4. Have you **ever** been convicted by Federal, State, or other law-enforcement authorities, for any violation of any Federal law, State law, County or Municipal law, regulation, or ordinance? (This includes all felonies or misdemeanors, including traffic violations for which a fine of greater than \$35.00 was imposed. Please do not include anything that happened before your sixteenth birthday. **All convictions must be included even if they were pardoned.**)

Yes No If the answer is "Yes," state the reason convicted, the date convicted and the place where convicted.

CHARGE(S) ON WHICH CONVICTED	DATE CONVICTED	NAME OF COURT & PLACE WHERE CONVICTED	PARDONED (Yes or No)

5. Are there any charges now pending against you by Federal, State, or other law-enforcement authorities, for any violation of any Federal law, State law, County or Municipal law, regulation or ordinance? (Please do not include anything that happened before your sixteenth birthday.) Yes No If the answer is "Yes," provide the following information.

VIOLATION(S) CHARGED	DATE CHARGED	NAME OF COURT & PLACE WHERE PENDING

6. SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS: (Show Section numbers to which answers or explanations apply. Attach a separate sheet if more space is needed.)

LOYALTY OATH

Georgia Law 45-3-11 requires all employees of State government to take an oath that they will support the Constitution of the United States and the Constitution of the State of Georgia.

I, _____, a citizen of _____ and being an employee of the Georgia Vocational Rehabilitation Agency, _____ (Name of GVRA Organizational Unit) and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia.

NOTE: Before signing this form, check all answers and explanations to see that you have answered all questions fully and correctly. This form is to be executed under oath subject to the penalties of false swearing as prescribed in Georgia Law 16-10-71. Anyone who does not sign this form will not be permitted to receive payment from the State.

AFFIDAVIT OF VERIFICATION

Georgia _____ County (Where Notarized)

I, _____ (Name of applicant/employee), declare under penalties of false swearing that I am the person who completed this document. I have read, know and understand the contents of this document. The answers and information furnished by me on this document, including any attachments, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME:

This ____ day of (mo) _____, (yr) _____

SIGNATURE OF AFFIANT (APPLICANT/EMPLOYEE)

SIGNATURE OF NOTARY PUBLIC

PRINT NAME

My commission expires

DATE