

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

****This form is required by Georgia State Law****

By executing this affidavit under oath, as an applicant for a(n) _____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from City of Dunwoody, Georgia, the undersigned applicant representing the private employer known as _____ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section between January 1, 2012 and June 30, 2012.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) or more employees.

If the employer selected 1(a) please fill out Section 4 below.

2. Fill out this section between July 1, 2012 and June 30, 2013.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) or more employees.

If the employer selected 2(a) please fill out Section 4 below.

3. Fill out this section on or after July 1, 2013.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 3(a) please fill out Section 4 below.

4. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number (not your FEIN number)

Date of Authorization

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, and face criminal penalties allowed by such statute.

Executed on the _____ date of _____, 201__ in _____ (City), _____ (State).

Signature of Authorized Officer or Agent

Date

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 201__.

NOTARY PUBLIC/SEAL

My Commission Expires