

City of Calhoun

Private Employer E-verify affidavit ** THIS FORM IS REQUIRED BY STATE LAW **

By executing this affidavit under oath, as an applicant for a Business Occupation License as referenced in O.C.G.A. § 36-60-6(d), from the City of Calhoun, Georgia, the undersigned applicant representing the private employer indicated below verifies the following with respect to my application.

Printed name of Private Employer: _____

___ Employs more than ten (10) employees Please complete section 2 below and sign/notarize at the bottom

___ Employs ten (10) or fewer employees Do not complete section 2. Please sign/notarize at the bottom.

Section 2: 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:

E-verify # _____
(Federal Work Authorization User ID number) Date of Authorization _____

As an applicant for the City of Calhoun, Georgia Business License as referenced in O.C.G.A. § 50-36-1, from the undersigned applicant **verifies one of the following** with respect to my application for public benefit:

1. _____ I am a United State citizen
2. _____ I am a legal permanent resident of the United States
3. _____ I am a qualified alien or non-immigrant under Federal Immigration and Nationally Act with an alien number issued by the Department of Homeland Security or other federal immigration.

My alien # issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

A copy of your driver's license must be attached if number 1 is checked:

A copy of one of the following cards must be attached if numbers 2 or 3 are checked: Permanent Resident, Employment Authorization Document, US Passport, US military ID, or a Certificate of Citizenship.

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 as allowed by such criminal statute.

X _____
Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____ 20_____

Printed Name

NOTARY PUBLIC

My Commission Expires: _____