State Loyalty Oath Form

Please fill out this form in its entirety

List your position & school/department on the top right-hand side of the form

You must disclose any pending charges in the designated area for question 5

Sign the document. No need to take to a notary.

Do not date in the notary area (lower left-hand side)
State Loyalty Oath Form

FULTON COUNTY BOARD OF EDUCATION
STATE SECURITY QUESTIONNAIRE / LOYALTY OATH
(Please complete this form fully. If more space is needed, please see bottom of page.)

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or misrepresentation of any information, including criminal charges, will result in the employment offer being withdrawn or revocation of employment. For clarification of any portion of this form, please discuss with the hiring official or Human Resources Personnel Office prior to signing the form.

STATE SECURITY QUESTIONNAIRE

NOTICE TO APPLICANTS/EMPLOYEES: The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) requires each applicant 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, advises, or teaches any act intended to overthrow or destroy the government of the United States or of any State or government of the State of Georgia by force or violence, or who is a forming member of a subversive organization.

STATEMENT OF DRUG AND ALCOHOL ABUSE:

Have you ever been convicted of a crime relating to drug or alcohol abuse?

Yes [ ] No [ ]

If yes, explain:

STATE OF LOYALTY OATH

I, , a/c employee of the Fulton County Board of Education and the recipient of public goods and services rendered to 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.

Affirmation of Employment:

I, the undersigned, am hereby employed by the Fulton County Board of Education and the recipient of public goods and services rendered to 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.

Signature of Employee

Date

Print Name

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Revision 000
FULTON COUNTY BOARD OF EDUCATION
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.

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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)

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
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</thead>
<tbody>
<tr>
<td>OTHER NAMES, AS DESCRIBED ABOVE</td>
<td></td>
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</tr>
<tr>
<td>NAME</td>
<td>DATES USED</td>
<td>NAME</td>
</tr>
<tr>
<td>NAME</td>
<td>DATES USED</td>
<td>NAME</td>
</tr>
</tbody>
</table>

2. CURRENT ADDRESS

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<tr>
<th>APT. NO.</th>
<th>CITY</th>
<th>COUNTY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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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?

☐ Yes  ☐ No If the answer is a 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 AYes 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 et seq., 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: DUIs 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 a Yes, state the reason convicted, the date convicted and the place where convicted

<table>
<thead>
<tr>
<th>CHARGE(S) ON WHICH CONVICTED</th>
<th>DATE CONVICTED</th>
<th>NAME OF COURT &amp; PLACE WHERE CONVICTED</th>
<th>PARDONED (Yes or No)</th>
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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 a Yes, provide the following information.

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<tr>
<th>VIOLATION(S) CHARGED</th>
<th>DATE CHARGED</th>
<th>NAME OF COURT &amp; PLACE WHERE PENDING</th>
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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.)

_______________________________________________________________________________________________
_______________________________________________________________________________________________

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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 Fulton County Board of Education 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.

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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

My commission expires ___________________________ DATE

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