

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 legibly. If more space is needed, please use Section 6.)

*List Position
*School/Department

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or misrepresentation of any information, including criminal charges, will result in the employment offer being withdrawn or separation from employment.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 DOE	FIRST NAME JOHN	MIDDLE NAME N/A
OTHER NAMES, AS DESCRIBED ABOVE		
NAME	DATES USED	NAME
NAME	DATES USED	NAME

2. CURRENT ADDRESS

112 XXXXXXX LN	APT. NO.	CITY ATLANTA	COUNTY FULTON	STATE GA	ZIP CODE 30313
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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 A Yes and the department deems further inquiry is necessary, 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. (i.e., 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

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 a 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, JOHN DOE, a citizen of USA 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.

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, FULTON County (Where Notarized)

I, JOHN DOE (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 _____, 20____

SIGNATURE OF NOTARY PUBLIC

SIGNATURE OF AFFRANT (APPLICANT/EMPLOYEE)

PRINT NAME

DATE

My commission expires _____



FULTON COUNTY BOARD OF EDUCATION
STATE SECURITY QUESTIONNAIRE / LOYALTY OATH
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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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<p>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 the answer is a Yes,≡ state the name of the organization and your past and present membership status including any offices held.</p> <p>_____</p> <p>_____</p>
<p>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 <i>et seq.</i>, you will be notified and given the opportunity to present evidence prior to action adverse to your application being taken.</p>

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.)

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 Yes No If the answer is a 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 a Yes,≡ provide the following information.

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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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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 NOTARY PUBLIC

SIGNATURE OF AFFIANT (APPLICANT/EMPLOYEE)

PRINT NAME

My commission expires _____

DATE