Clayton State Criminal History Disclosure Form

Applicant Disclosure Form and Background Check Statement

Name:		Position Applied For:							
and con	confirm the declaration. Any falsificatio	of the hiring process at Clayton State Universion or deliberate misrepresentation, including squestionnaire, can be grounds for denial of	omission of a material fact, or failure to						
Criminal History Disclosure									
1.	Are 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? If yes, include an explanation of the nature of the charge, place, date, and court. A pending criminal charge will not necessarily bar you from employment.								
	□ NO □ YES								
	Explanation:								
2.	2. Have you ever been convicted of a crime (the term "convicted" means all adverse dispositions, including a finding of guilty plea of guilty or nolo contendere, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution)? Do not include minor traffic citations of less than \$35.00. If yes, include an explanation of the nature of the charge, place, date, and court. A criminal charge will not necessarily bar you from employment.								
	□ NO □ YES								
	Explanation:								
3.	If unsure of this information, please approximate, if you are unable to specifically recall.								
	Traffic Citation Reason	Date or Approximate Date	Place Where Convicted						
		the laws of the State of Georgia that the							
JIBI	i i dii Legai Naille.	Date:							

Employment

Board of Regents University System of Georgia SECURITY QUESTIONNAIRE

NOTICE TO APPLICANTS/EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (Ga. Laws, 1953), as amended, requires each employee to complete and sign, prior to his/her employment by the State of Georgia, 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 acts, advocates, or teaches the overthrow of 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. Name			Social Security No.				
1. I willie	First Name	M.I.	Last Name	50	erar Security 110		
	ames Used: (Maiden name which, and show dates use		er marriages, forme	er names changed lega	ally or otherwise: Alia	ases, nicknames, etc.	
2. Addro	Street and No.		lity	State	County	Phone No.	
member	ou now or have you been viship advocates or has as or	within the last ten	n (10) years a membes, the overthrow o	ber of any organizatio f the government of th	n which to your know ne United States or the	vledge at the time of e government of the State	
status in	cluding any offices held the	erein.	, ii res, state tii	e name of the organiz	ation and your past a	tu present memoersinp	
NOTE:	determination. No action with notice to you and as within the prohibition within the prohib	adverse to your n opportunity for ithin the Sedition nvicted or are an lation of any fed appened before sed, however, a ere pardoned.)	application will be you to present evid and Subversive Aday charges now pederal law, state law your sixteenth bill other fines \$35.0	taken because of an a dence, and only if the ctivities Act of 1953, and ending against you by a county or municiparthday. Do not include It or more should be	offirmative answer un results of such inquir as amended. Federal, State, or on the state, or one allow, regulation, or the minor traffic violation of the minor traffic violation.	y bring your application ther law-enforcement r ordinance? (Do not ations for which a fine of	
	REASON CONVICTED		DATE	PLA	CE WHERE CONV	ICTED	
	CE FOR CONTINUING A te sheet if more space is ne		XPLANATIONS: (Show item numbers t	o which answers or e	xplanations apply. Attach	

Signature of Applicant/Employee

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 Code Section 16-11-14 of the Criminal Code of Georgia. AFFIDAVIT OF VERIFICATION State of (state where you reside) _____ County (county where you reside) _____ Personally, appeared before the undersigned attesting officer, duly authorized to administer oaths, (Print your name) who, after being sworn, deposes and says and declares under penalties of false swearing that he or she is the person who executed the foregoing instrument; that he or she has read and completed the same and knows and understands the contents thereof; that the matters stated therein and the answers and information furnished by him or her in the foregoing questionnaire, including any attachments thereto, are true and correct. SWORN TO AND SUBSCRIBED BEFORE ME._____ Signature of Applicant/Employee Month Notary Public _____ My commission expires_ County of____ Year (Affix seal) INFORMATION TO BE FURNISHED BY EMPLOYING UNIT INSTRUCTIONS TO UNIT: If this questionnaire is executed by applicant, insert "APPL" in the space for date of appointment, and show date of application. If this questionnaire is executed by an individual who has been offered employment or who is already employed, provide the information requested. TITLE OF POSITION DATE OF UNIT AND DEPARTMENT **DUTY STATION** APPOINTMENT **Clayton State** University **Board of Regents** University System of Georgia LOYALTY OATH _____COUNTY OF (county where you reside) _____ STATE OF (state where you reside) ____ a citizen of I, (Print your name) State / Country and being an applicant/employee of the University System of Georgia 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. day of Month Signature of Applicant/Employee Year Sworn to and subscribed before me this day and year above set out.

PLEASE NOTE: THE SECURITY QUESTIONNAIRE AND THE LOYALTY OATH MUST BE SIGNED AND NOTARIZED.

(Affix Seal)

Notary Public