

E-VERIFY PRIVATE EMPLOYER AFFIDAVIT

By executing this affidavit under oath as an applicant for an Occupational Tax Certificate, as referenced in O.C.G.A. 36-60-6(d), the undersigned applicant representing the private employer know as _____ (printed name of private employer) verifies one of the following regarding their application or renewal for a City of Cornelia Occupational Tax Certificate.

Please check one of the following. You will only choose ONE (1)

- OR**
- 1) ___ On January 1, of the below signed year the individual, firm, or corporation employed **ten (10) or more employees**.
- OR**
- 2) ___ On January 1, of the below signed year the individual, firm or corporation employed **less than ten (10) employees**.
- OR**
- 3) ___ No changes have been made since my **last renewal**. My E-Verify number has not changed and affidavit is on file.

If you selected 1 please fill out the next section Federal Work Authorization User Identification Number (E-Verify #)

If you selected 2 please provide your E-Verify number if over TEN (10) employees and sign this document

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 (E-Verify #)

Date

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 on affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties allowed by such statute.

SAVE STATUS VERIFICATION

By executing this affidavit under oath as an applicant for an Occupational Tax Certificate, as referenced in O.C.G.A. Section 50-36-1, from City of Cornelia the undersigned applicant _____ (print name here) verify **ONE** of the following in reference to their application for an Occupational Tax Certificate.

Please check one of the following. You will only choose ONE (1)

- 1a) ___ I am a United States Citizen.
You were born in the United States
or have become a naturalized Citizen
- OR**
- 1b) ___ My U.S. citizenship status has NOT
changed and a signed affidavit is already
one file
- OR**
- 2) ___ I am a legal permanent resident of the United States
(You have been granted authorization to live and work in the United States on a permanent basis).
- OR**
- 3) ___ I am a qualified alien or non-immigrant under the federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal agency. My alien number is _____

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

Please complete this form by signing and dating the bottom. If required, do so in the presence of a Notary Public and have them affix their seal and signature.

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 on affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties allowed by such statute.

SUBSCRIBED AND SWORN BEFORE ME

SIGNATURE OF AUTHORIZED PRIVATE EMPLOYER

PRINTED NAME AND TITLE OF AUTHORIZED PRIVATE EMPLOYER

ON THIS _____ DAY OF _____, 20____

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____