

**STATE OF GEORGIA
STATE SECURITY QUESTIONNAIRE
LOYALTY OATH**

NOTICE TO APPLICANTS/EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (Ga. Laws, 1953), as amended, requires each applicant/employee to complete and sign, prior to his/her 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 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. Georgia Code 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.

INSTRUCTIONS: All items must be completed on a typewriter or printed in ink. If more space is needed for any item, or explanation, continue under item 10. This questionnaire and loyalty oath will be filed in the employee's personnel file in the employing agency. The employee may request that a copy be executed for his/her personal files.

FULL NAME, INCLUDING MAIDEN NAME, NAMES OF FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES AND NICKNAMES AND THE DATES USED.				
1.	LAST NAME:	FIRST NAME:	MIDDLE NAME:	PHONE #: ()
	MAIDEN NAME:	DATES USED:	NICKNAMES:	DATES USED:
	OTHER NAMES, INCLUDING ALIASES & FORMER MARRIAGES:			
	NAME:	DATES USED:	NAME:	DATES USED:

2.	ADDRESS (No. and Street):	APT. NO.:	CITY:	STATE:	COUNTY:	ZIP CODE:
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3.	DATE OF BIRTH:	U.S. CITIZEN Nationality: <input type="checkbox"/> Yes <input type="checkbox"/> No	RACE:	SEX:
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4.	<p>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? If "Yes", state the name of the organization and your past and present membership status including any offices held therein.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NOTE: If the answer to the above question is "Yes" and the employing authority deems further inquiry necessary, you will be notified of such determination. No action adverse to your application will be taken because of an affirmative answer until after such an inquiry, with notice to you and an opportunity for you to present evidence, and only if the result of such inquiry brings your application within the prohibition within the Sedition and Subversive Activities Act of 1953.</p>
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5.	LIST CHRONOLOGICALLY ALL OF YOUR PREVIOUS RESIDENCES FOR THE PAST TEN YEARS:				
	DATES				
	FROM	TO	STREET ADDRESS	CITY	STATE

6.	LIST NAMES AND ADDRESSES OF THE FOLLOWING:	
	SPOUSE: (MAIDEN NAME)	ADDRESS:
	FATHER:	ADDRESS:
	MOTHER:	ADDRESS:

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 16-10-71 of the Criminal Code of Georgia.

LOYALTY OATH

I, _____, a citizen of _____ and being an employee of _____ 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.

AFFIDAVIT OF VERIFICATION

Georgia _____ County

Personally appeared before the undersigned officer, duly authorized to administer oaths _____, who, after being duly sworn, deposes and says and declares under penalties of false swearing that he is the person who executed the foregoing instrument; that he 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 in the foregoing questionnaire, and loyalty oath, including any attachments thereto, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME: _____
(Signature of Affiant)

This _____ day of _____, 20____

(Notary Public)

My commission expires
