

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/intern 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 and printed on a computer or hand 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 NO.
	MAIDEN NAME	DATES USED	NICKNAMES	DATES USED
	OTHER NAMES, INCLUDING ALIASES & FORMER MARRIAGES		DATES USED	

2.	ADDRESS (No. and Street of Residence)	APT. NO.	CITY	STATE	COUNTY	ZIP CODE
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3.	DATE OF BIRTH	U.S. CITIZEN	<input type="checkbox"/> Yes <input type="checkbox"/> No	RACE	SEX
		(Nationality _____)			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, state the name of the organization</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>

5.	LIST CHRONOLOGICALLY ALL OF YOUR PREVIOUS RESIDENCES FOR THE PAST TEN YEARS:				
	DATES		STREET	CITY	STATE
	From	To			

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

7.	MILITARY SERVICE: (Past or Present)						
	SERIAL NUMBER	BRANCH	ACTIVE SERVICE		ACTIVE OR INACTIVE SERVICE		DISCHARGED <input type="checkbox"/> Honorably <input type="checkbox"/> Dishonorably <input type="checkbox"/> Other If discharged other than honorably, explain in item 10.
			From	To	From	To	

8.	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? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less was imposed. All other convictions must be included even if they are pardoned.) <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is YES, state the reason convicted, the date convicted and the place where convicted.			
	CHARGE ON WHICH CONVICTED	DATE CONVICTED	NAME OF COURT & PLACE WHERE CONVICTED	PARDONED (yes or no)

9.	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? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less would likely be imposed.) <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is YES, provide the following information.		
	VIOLATION CHARGED	NAME OF GOVERNMENT	NAME OF COURT & LOCATION WHERE PENDING

10.	SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS: (Show item numbers to which answers or explanations apply. Attach a separate sheet if more space is needed.)

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 the Department of Public Health 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, and I am not a member of the Communist Party.

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 _____