

**E-Verify Form
City of Barnesville
O.C.G.A. 36-60-6(d) E-Verify Private Employer Affidavit of Compliance**

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate, Alcohol License or other document required to operate a business as referenced in O.C.G.A. 36-60-6(d), from the City of Barnesville, Georgia, the undersigned applicant representing the private employer known as _____ (printed name of private employer) verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section between January 1, 2012 and June 30, 2012.
 - (a) _____ On January 1st of the below signed year the individual, firm or corporation employed more than five hundred (500) employees.
 - (b) _____ On January 1st of the below signed year the individual, firm or corporation employed less than five hundred (500) employees.

If the employer selected 1(a) please fill out Section 4 below.

2. Fill out this section between July 1, 2012 and June 30, 2013.
 - (a) _____ On January 1st of the below signed year the individual, firm or corporation employed more than one hundred (100) employees.
 - (b) _____ On January 1st of the below signed year the individual, firm or corporation employed less than one hundred (100) employees.

If the employer selected 2(a) please fill out Section 4 below.

3. Fill out this section on or after July 1, 2013.
 - (a) _____ On January 1st of the below signed year the individual, firm or corporation employed more than ten (10) employees.
 - (b) _____ On January 1st of the below signed year the individual, firm or corporation employed less than ten (10) employees.

If the employer selected 3(a) please fill out Section 4 below.

4. 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. 13-10-90. 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 Date of Authorization

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

Executed on the ____ date of _____, 201__ in _____(city), _____(state)

Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
____ Day of _____, 201__.

Printed Name and Title of Authorized Officer/Agent

Notary Public

My Commission Expires: _____