

Clayton State Criminal History Disclosure Form

Applicant Disclosure Form and Background Check Statement

Name: _____ Position Applied For: _____

This document must be completed as part of the hiring process at Clayton State University. Please complete the following questions and confirm the declaration. Any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of your application or this questionnaire, can be grounds for denial of employment or continued employment with Clayton State University.

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. Have you ever been convicted of a crime (the term "convicted" means all adverse dispositions, including a finding of guilty, a 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. Have you ever received a traffic citation over the amount of \$35.00? If yes, please list the nature of the charge, place, and date. If unsure of this information, please approximate, if you are unable to specifically recall.

NO YES

Traffic Citation Reason	Date or Approximate Date	Place Where Convicted

I certify under penalty of perjury under the laws of the State of Georgia that the foregoing is true and correct.

Sign Full Legal Name: _____ Date: _____

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 _____

This _____ day of _____, _____
Month Year Signature of Applicant/Employee

 Notary Public

County of _____ My commission expires _____ day of _____
Month 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.

DATE OF APPOINTMENT	TITLE OF POSITION	UNIT AND DEPARTMENT	DUTY STATION
			Clayton State University

**Board of Regents
 University System of Georgia
 LOYALTY OATH**

STATE OF (state where you reside) _____ COUNTY OF (county where you reside) _____

I, (Print your name) _____, a citizen of _____
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.

This _____ day of _____, _____
Month Year Signature of Applicant/Employee

Sworn to and subscribed before me this day and year above set out.

 Notary Public

(Affix Seal)

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