

City of Gainesville

Private Employer E-Verify Affidavit

Under Georgia Law, employers must now register and utilize the FEDERAL WORK AUTHORIZATION PROGRAM in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). For more information please visit www.uscis.gov/everify. The CITY OF GAINESVILLE will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a(n) _____
[*business license, occupational tax certificate, or other document required to operate a business*] as referenced in O.C.G.A. § 36-60-6(d), from the CITY OF GAINESVILLE, the undersigned applicant representing the private employer known as _____ [printed name of private employer – individual, firm or corporation] verifies one of the following with respect to my application for the above mentioned business document:

On January 1, 2012 – the individual, firm, or corporation employs the following number of employees: (Select A, B, C or D)

- (A) _____ **500 or more employees - must comply on or after January 1, 2012.**
You must provide the following information in order to receive a 2012 occupational tax certificate.

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

- (B) _____ **100-499 employees - must comply on or after July 1, 2012.**
You may provide the Federal Work Authorization number or claim exemption up until July 1, 2012.
This document must be completed, notarized and returned even if organization/company is exempt.

Check HERE _____ if claiming exempt, OR complete the following:

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

- (C) _____ **11-99 employees - must comply on or after July 1, 2013.**
You may provide the Federal Work Authorization number or claim exemption up until July 1, 2013.
This document must be completed, notarized and returned even if organization/company is exempt.

Check HERE _____ if claiming exempt, OR complete the following:

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

- (D) _____ **10 or fewer employees – automatically exempt from participation in E-Verify program.**

Furthermore, I, as the applicant, affirmatively state that 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.

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 a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute. Executed on the ___ date of _____, 20___ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____ 20___.

Printed Name of and Title of Authorized Officer or Agent

NOTARY PUBLIC
My Commission Expires: _____