

Personnel Statement

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NAME	NAME		NAME		
Last:	First:		Middle:		
Sex: 🗆 Male 🗆 Female	Aliases / Stage Names:		Social Security Number:		
Home Address:		City/State/Zip:			
Date of Birth / /	Phone:		BIRTHPLACE City: State:		
Are you a U.S. Citizen?	Naturalized? Provide Certificate No. (Yes/No)		Date, Place, Court.		
Petition Number	Derived Parents Certificate No.		Alien Register No.		
*** Note a copy of Resident Alien Card and Driver's License must be provided at the tim of application. The application will not be accepted without this documentation.Native CountryDate of EntryPort of Entry					
Marital Status	If Married, Spouse's Name:		Spouse's SS No.		
Spouse's Date of Birth:	Spouses Employer:		Address of Spouse's Employer:		
Business of Employment:					
Job Title:		Supervisor:			
Street Address:					
Phone:		Length of Employment:			
% Ownership if any:		Salary or Annual Compensation:			
Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying, or selling alcoholic beverages: (Yes/No) If Yes, give names and locations of interest in each. 1)					
2)					
3)					
Have you ever had any financial interest in an alcoholic beverage business which was denied a license? (Yes/No) If so give details.					
Has any alcoholic beverage business in which you hold, or have held, a financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages? (Yes/No) If so, give details.					



Employment Record

Residences for the Past

If during the past ten years you have bought and sold any alcoholic beverage business give details (date, license number, persons and considerations involved). Have you ever been denied bond by a commercial security company? (Yes/No) If Yes, give details. Have you ever been arrested or held by Federal, State, or Other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinances? A criminal background investigation will be conducted to verify this information. (Do not include traffic violations. All other charges must be included even if they were dismissed. Reason Charged or Held Date Place of Charge Place of Charge Reason Charged or Held Date No Arrests? (Yes/No) Attached additional Arrests? (Yes/No) Please list any other names used by the applicant (maiden name, names by former marriages, former names, aliases, nicknames, etc.) Specify which and show dates used. Reason From То Occupation and Description of Salaries (Most Recent First) Employers for **Duties Performed** Received Month Year Month Year Leaving Dates Street City State From То Ten Years



Personnel Statement Affidavit

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State of Georgia, <u>County.</u> I ______do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true and correct.

Applicant's Signature: _____

I hereby certify that _______ signed his name to the foregoing application stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

Please Attach Original Photograph (front view) taken within the past year (copies are not acceptable).

Sworn and Attested before me on this	day of	, 20

Notary Signature/Seal: _____

Staff Use Only		
Permit #:	Permit Fees:	
Approved/Denied By:	Expiration Date:	
Approval Date:	Denied Date:	