

## EMPLOYEE WORK PERMIT APPLICATION

NEW                       Renewal    Expiration Date: \_\_\_\_\_

**APPLICATIONS MUST BE COMPLETED IN FULL AND SUBMITTED TO THE CITY CLERK IN PERSON BETWEEN THE HOURS OF 8:30AM AND 4:00PM, MONDAY THROUGH FRIDAY. SUBMIT THE COMPLETED APPLICATION WITH A GOVERNMENT-ISSUED PICTURE I.D., COMPLETED "AFFIDAVIT VERIFYING LAWFUL PRESENCE WITHIN THE UNITED STATES," AND PAYMENT IN THE AMOUNT OF \$150.00**

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_  
CITY/ST/ZIP \_\_\_\_\_

**Applicant Name** \_\_\_\_\_ Alias \_\_\_\_\_

Home Address \_\_\_\_\_  
CITY/ST/ZIP \_\_\_\_\_

Previous Last Name \_\_\_\_\_ Are you a U.S. Citizen?  Yes  No

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Race \_\_\_\_\_ Sex:  Male  Female Wgt. \_\_\_\_\_ Hgt.: \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Lic. State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

List all cities and states where you have lived or worked for the past ten years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all Dekalb businesses where you have previously received a work permit \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had a permit denied in Dekalb County? If yes, list business name, date, and appeal date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR OFFICE USE ONLY			
Amount Paid \$ _____		(Cash ONLY)	
		Date: _____	
DEPUTY CLERK	DATE:	CITY CLERK	DATE:
Approval (Doraville Police Dept. Representative)			

ARRESTS and CITATIONS (Except minor traffic offenses). List DUI's and arrests which were given "First Offender" status or in which a "Nolo" plea was entered.

<u>Date of Arrest</u>	<u>Arresting Agency</u>	<u>Type of Arrest</u>	<u>Final Disposition</u>

Attach a sheet of paper to this page with a list of arrests if additional space is required. As part of the process resulting from my application for a background investigation, for permit, I hereby authorize personnel of the Doraville Police Department to receive, verify, and disseminate any criminal history information which may be in the files of any local, state, or federal criminal justice agency for investigative purposes, denials, or appeals.

**O.C.G.A. § 16-10-20: A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or fraudulent statement or representation; or makes or uses any false writing or documents, knowing the same to contain any false, fictitious, fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government of any county, city or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1000.00 or by imprisonment for not less than one nor more than five years or both.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary

Date \_\_\_\_\_

Date: \_\_\_\_\_

(Seal)

**AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a City of Doraville, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C. G. A. Section 50-36-1, I am stating that following with respect to my application for (check one)  Occupation Tax Certificate,  Alcohol License,  Taxi Permit or  other public benefit for: \_\_\_\_\_ [Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity]

I am a United States citizen.

**OR**

I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

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 Code Section 16-10-20 of the Official Code of Georgia.

**Applicant Signature:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

\* \_\_\_\_\_

Alien Registration Number for Non-Citizens

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

NOTARY PUBLIC

My commission expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**\*Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below.

\_\_\_\_\_

