

**Board of Regents  
University System of Georgia**

**University System Office  
SECURITY QUESTIONNAIRE**

NOTICE TO EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (Ga. Laws, 1953), as amended, requires each employee to complete and sign, prior to his/her employment by the State of Georgia, a questionnaire which is designed to establish that there are no reasonable grounds to believe that he/she is a subversive person. A subversive person is defined as one who commits acts, advocates, or teaches the overthrow of the government of the United States or government of the State of Georgia by force or violence or who is a knowing member of a subversive organization.

INSTRUCTIONS: Prepare in original only. Fill in all items. If more space is needed for any item, or explanation, continue under Item 5. Please type or print in ink.

1. **Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

Other Names Used: (Maiden name, names by former marriages, former names changed legally or otherwise: Aliases, nicknames, etc. Specify which, and show dates used.)

\_\_\_\_\_

2. **Address** \_\_\_\_\_  
Street and No. City State County Phone No.

3. Are you now or have you been within the last ten (10) years a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives, the overthrow of the government of the United States or the government of the State of Georgia by force or violence?  Yes  No If "Yes," state the name of the organization and your past and present membership status including any offices held therein. \_\_\_\_\_

NOTE: If the answer to Question 3 is "yes" and the employing authority deems further inquiry is necessary, you will be notified of such determination. No action adverse to your application will be taken because of an affirmative answer until after such an inquiry, with notice to you and an opportunity for you to present evidence, and only if the results of such inquiry bring your application within the prohibition within the Sedition and Subversive Activities Act of 1953, as amended.

4. (A) Have you ever been convicted or 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? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less was imposed. All other convictions must be included even if they were pardoned.)  Yes  No

(B) If the answer to 4 (A) is "yes," state the reason convicted, the date convicted, and the place where convicted.

<b>REASON CONVICTED</b>	<b>DATE</b>	<b>PLACE WHERE CONVICTED</b>

5. SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS: (Show item numbers to which answers or explanations apply. Attach a separate sheet if more space is needed.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_ County \_\_\_\_\_

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 \_\_\_\_\_

(Signature of Employee)

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
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
			University System Office

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

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, (Print your Name) \_\_\_\_\_, a citizen of \_\_\_\_\_

State / Country

and being an 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 Employee

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

\_\_\_\_\_  
Notary Public

(Affix Seal)

PLEASE NOTE THAT EACH OF THE ABOVE DOCUMENTS, THE SECURITY QUESTIONNAIRE AND THE LOYALTY OATH, MUST BE SIGNED AND NOTARIZED.