

ATTACHMENT A-
PERSONNEL STATEMENT

TOWN OF WOOLSEY, GEORGIA

1. Full Name: _____

2. Social Security Number: _____

3. Address: _____

4. Telephone Number: (Business) _____ (Home) _____

5. Trade name and address of business of which this application is a part. _____

6. Indicate your position in business (owner, co-owner, manager, or specific employee position)

State any ownership interest, or profit-sharing interest, in this business _____

7. Do you have any financial interest in, or are you employed by, any other business where alcoholic beverages are sold or consumed? If so, give names and locations of such other businesses, and amount of interest, if any, in each. _____

8. Height _____ Weight _____ Sex _____ Age _____

Race _____ Color of hair _____ Color of eyes _____

9. Place of Birth: _____ Date of Birth: _____

U.S. Citizen? _____ By Birth: _____ Naturalized: _____

If naturalized, complete the following:

Date, Place and Court: _____

Certificate No.: _____ Petition No.: _____

Derived Parents Certificate No.(s): _____

Alien Registration No.: _____

Native Country: _____ Date and Port of Entry: _____

10. How many consecutive years and months have you been a resident of Georgia?

Years _____ Months _____

11. Check marital status: Single _____ Married _____ Widowed _____

Divorced _____ Separated _____

12. If married or separated, complete the information below on spouse.

Full Name of Spouse _____ Social Security Number _____

Wife's Maiden Name _____ Place of Birth _____

Date of Birth _____ Place of Marriage _____

Name, Address and Telephone Number of Employer: _____

13. Within the ten (10) years immediately preceding the date of the signing of this application, have you been convicted of, or entered a plea of nolo contendere for, any felony or crime involving moral turpitude? _____ If yes, explain _____

14. Are you an elected or appointed officer, agent or employee of the Town of Woolsey?

If yes, list position or connection with Town _____

15. Are you a registered voter in the State of Georgia? _____

In what county? _____ How many years? _____

16. Have you ever had any financial interest in an alcoholic beverages business which was denied a liquor license? _____ If so, give full details _____

17. Has any alcoholic beverages business in which you hold, or have held, any financial interest, or are employed or have been employed, ever been cited for any violation of the rules and regulations of any state, or of any county or city ordinances, relating to the sale and distribution of alcoholic beverages? If so, give full details. _____

18. List in reverse chronological order your employment record for the past ten years. If self-employed, give details.

<u>Dates employed</u>	<u>Name of Company</u>	<u>Address</u>	<u>Supervisor</u>	<u>Phone No.</u>

19. List in reverse chronological order all of your residences for the past ten years.

<u>Dates resided</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>

20. References. Give three personal references who are responsible, reputable adults, who have known you well during the past five years. Do not list relatives.

<u># Years Known</u>	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Phone #</u>

21. Have you ever been cited, arrested, or held, by Federal, State, or other law enforcement authorities, for any violation of any federal, state, county, or municipal law, regulation or ordinances? (Do not include minor traffic violations.) Yes _____ No _____ If yes, provide following information:

<u>Date</u>	<u>Charge</u>	<u>Place where Charged</u>	<u>Disposition</u>

22. Attach photograph (front view) taken within the past two (2) years.

Attach

Photograph

Here

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.

VERIFICATION

State of Georgia, _____ County

I, _____, do solemnly swear, subject to the penalties for false swearing, that the statement and answers made by me as the applicant in the foregoing personnel statement are true.

Date

Applicant's Signature (Full name and in ink)

I hereby certify that _____ (the above-named person) is personally known to me, that (s)he signed (his/her) name to the foregoing personnel statement stating to me that (s)he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statement and answers are true.

This _____ day of _____, 20 ____.

(Affix Seal)

Notary Public