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Welcome to GDOT!

We're excited to welcome you to the Georgia Department of Transportation! We're glad to have you on board and look forward to supporting you throughout your journey with us.

Enclosed in this packet are your new hire forms, which we will review together on your first day. To help you get started, the first page includes an auto-fill section—please take a moment to complete it. This will automatically populate several fields throughout the packet, saving you time.

Please note:

Some forms require additional information that is not included in the auto-fill section. Be sure to read each form carefully and provide the necessary details where prompted.

All signature fields must be digitally signed before submission. Please make sure you sign your name as it is on your Social Security card, and note the special requirements for the State of Georgia State Security Questionnaire and Loyalty Oath.

Below, you will find step-by-step instructions for each form in the packet to assist you. If you have any questions before your start date, feel free to reach out.

On your first day, we will review your paperwork to ensure it is completed and make a copy of your I.D.s for the I-9 form. I have attached a list of acceptable I.D.s you must bring on your first day for employment eligibility verification. Please note, even if you provided these I.D. s earlier in the application process, you still must bring these documents for physical inspection.

We look forward to seeing you soon!

New Employee Orientation, Auto Fill New Hire Package

Please carefully fill out the this first page; The information entered on this page will auto-fill all other forms below. If printing, please print one sided.

Employee Information			
Employee's Name: (Last, First, M.I.)			
Employee's Last Name		Employee's First Name	
Employees M.I.		Maiden Name:	
Other Last Names used			
New Hire Date <small>(1st or 16th MM/DD/YYYY)</small>		New Hire Date <small>(1st or 16th Month/Day/Year)</small>	
SSN		D.O.B. (MM/DD/YYYY)	
Citizenship status	Nationality	US Citizen <small>(Check yes or No)</small>	Country of Citizenship
Race		Gender	
Position Accepted		Position #	
Dept ID		Location of Position	
Contact Phone #		Alt Phone #	
Email address			
Address (full)			
Street Address		Apt #	
State		City	
County		Zip Code	

Emergency Contact Info			
Emergency Contact's Name:			
Relationship to Employee:			
Home Address:		City	
State		Zip	
County			
Daytime Telephone #			
Alternate Telephone #			

Completed by Human Resources			
Prepared By (First Last)		Title	
Office/ District		EID # (Yours)	
HR Manager		<small>Prepared by (First Last, Combined)</small>	

How to fill out your New Hire Forms and submit electronically

Below are the instructions on how to complete and submit the enclosed forms. The forms are listed in the same order as your new hire package. You must sign all the forms exactly as they show on your Social Security card.

You may sign these forms electronically. We encourage you to download or save the packet and open it in PDF software that allows digital signatures.

If you do not have a PDF software program, you can download Adobe Reader, which is a free product from Adobe. Web-based PDF viewers, like Chrome or Edge browsers, do not currently support digital signatures. For detailed instructions, please refer to the following page as needed.

Any orange-highlighted part on the forms is an action item for HR. If you have any questions, please do not hesitate to call us or leave the form blank on your first day of employment, and we will review it with you. Thank you!

Form	Action Required
Selective Service Registration Employment Eligibility Verification	Please fill out and sign.
Emergency Contact Information	Please fill out all blank fields.
Sexual Harassment Prevention Employee Attestation	Check the boxes. Please sign (yellow highlight) <i>[You will be provided with a copy of the policy, and we will review it at your Orientation]</i>
Beneficiary Election Form for Outstanding Wages/Monies Due from The Georgia Department of Transportation (GDOT)	This form designates a beneficiary to receive your final paycheck in the event of your passing while employed. If you would like to add a contingent Beneficiary, please do so. <i>You must list your beneficiary's SSN[s]</i> Please fill out and sign
Statement Concerning Your Employment in a Job Not Covered by Social Security	Please fill out and sign
I-9 Employment Eligibility Verification (Page 1 of 3)	Please complete Section 1 and sign the form.
I-9 List of Acceptable Documents	No action is required. This page is information only.
State of Georgia State Security Questionnaire Loyalty Oath (Pages 1 & 2)	<i>The form is in a separate attachment. This form must be signed in front of a Notary Public (see note on form)</i> Please complete this form accurately and thoroughly. Fill out sections 1-10 List the country you are a citizen of (page 2, Loyalty Oath Section) List the county you reside in (page 2, Affidavit of Verification section)
GSEPS Automatic Enrollment Acknowledgement Form	Please fill out and sign
Direct Deposit Notification Form	Please fill out and sign
Medical And Physical Examination Program (MAPEP) (Page 1 of 2)	Part A: <i>Completed by Employee</i> - Fill out questions 1-7, then skip to questions 12-17.
Medical And Physical Examination Program (MAPEP) (Page 2 of 2)	<i>Explanation of items 15-17 if checked "Yes."</i> – Write your explanation in the box on the next page Sign Item 18 <i>B: Completed by Employer</i> - NO ACTION REQUIRED; part B is for our use only. <i>Note: If you are unable to perform the duties of the position, please notify the HR representative during orientation.</i>
Condition of Employment, Highway Emergency Response Operator Trainee	This form is required for the Highway Emergency Response Operator (H.E.R.O.). Please fill out and sign



Submittal Instructions for New Hire Forms

To ensure your information is received accurately, please follow the steps below to save and submit your completed packet.

Step 1: Download and Save the Packet

- Do not fill out the forms directly in your web browser (such as Chrome or Edge), as your information may not be saved correctly.
- Right-click the file link or attachment and choose "Save As" to save it to your computer.
- Open the saved file using PDF software such as Adobe Acrobat Reader.
 - If you do not have a PDF reader, download the free Adobe Acrobat Reader at: <https://get.adobe.com/reader>
 - Be sure to uncheck any optional offers (like McAfee) before clicking Download.
- To open the file, right-click and choose "Open with > Adobe Acrobat Reader" (or your preferred PDF software).

Step 2: Complete and Sign All Forms

- Carefully review each page and complete all required fields.
 - To sign digitally in Adobe Acrobat Reader:
 - Use the "Fill & Sign" tool on the right side of the screen or under the "Tools" tab.
 - Select "Sign" to add your signature. You may type, draw, or upload an image of your signature.
 - Drag and drop your signature into the appropriate field.
- Save the form once signed.

Step 3: Flatten the Forms

- Flattening ensures your entries are saved and visible when submitted.
- Click File > Print
- For Printer, select "Microsoft Print to PDF"
- Choose a location to save the file and click Save
- This process locks your entries in place so that they are no longer editable or blank when received.

Step 4: Email the Completed Packet

- Open your email and create a new message
- Attach the completed PDF
- Send to: humanresources@dot.ga.gov
- (You may copy and paste this address into your email.)

Submitting via Smartphone or Tablet (iPhone or Android)

You can also complete, sign, and submit your new hire forms using your mobile device:

Step 1: Download and Save the Packet

- Tap the form attachment, then choose "Share" or "Save to Files" to save it
- Open the saved file using your PDF App.
 - If you do not have a PDF App, you can download the free Adobe Acrobat Reader App
 - Visit the App Store (iPhone) or Google Play Store (Android)
 - Search for "Adobe Acrobat Reader"
 - Download and install the free app (look for the red icon with the white Adobe logo)

Step 2: Open and Complete the Forms

- Open the file with your preferred PDF software or the Adobe Acrobat Reader App
- Tap into each field to begin typing



Step 3: Sign the Forms

- Sign the forms with your preferred PDF App
- If using Adobe Acrobat Reader App:
 - Tap the pen icon or “Fill & Sign” tool
 - Select “Sign” (pen icon), then type or draw your signature
 - Next, tap to place the signature in the required field

Step 4: Save and Submit the Packet

- Save the completed forms with your preferred PDF App
- If using Adobe Acrobat Reader App:
 - Tap the Share icon (a box with an arrow)
 - Choose “Share a Copy” or “Email”, depending on your device
 - If prompted, select “Flatten” or “Send a Flattened Copy”
- Email the completed PDF to: humanresources@dot.ga.gov

Note: Some mobile PDF apps automatically flatten the form when sharing or emailing. If prompted, always choose the flattened or final version to ensure your data is preserved.

Need Help?

If you have any questions or need assistance, please contact your HR Representative.



SELECTIVE SERVICE REGISTRATION EMPLOYMENT ELIGIBILITY VERIFICATION

EMPLOYEE/ APPLICANT INFORMATION: (To be completed by the employee/applicant)

Last Name (Print or Type)	First Name	M.I.	Birth Name

Address Street Name and Number	City	State	Zip Code

I attest, under penalty of perjury, the document (s) that I have presented as evidence of registration with the Selective Service and employment eligibility is genuine and related to me. I am aware that any false statements or use of false documents in connection with this verification of employment eligibility may result in termination or an employment offer being withdrawn. PLEASE HAVE THE EMPLOYEE SIGN AND DATE BELOW.

Signature

Date (Month / Day / Year)

EMPLOYER REVIEW AND VERIFICATION: (To be completed by the employer)

Document: Selective Service Registration Acknowledgement Card on On-Line Verification

Selective Service Number:

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NOTE: Please review and attach a copy of the Selective Service Registration Acknowledgement card to this verification form; or a copy of the On – Line Verification.

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above individual, and that they appear to be genuine and related to the individual named. Also, that the individual, to the best of my knowledge, is eligible to work for the Georgia Department of Transportation.

Signature	Name (Print or Type)

Title	Office/ District	Date



EMERGENCY CONTACT INFORMATION

For Employee to Complete

PLEASE PRINT

- Employee's Full Name: _____
Home Telephone Number: _____
Alternate Telephone Number: _____

- Emergency Contact's Name: _____
Relationship to Employee: _____
Home Address: _____
City: _____ County: _____
State: _____ Zip: _____
Daytime Telephone Number: _____
Alternate Telephone Number: _____

- Last Updated: _____

Sexual Harassment Prevention Employee Attestation

Thank you for completing the Sexual Harassment Prevention in the Workplace online training course. Please confirm your understanding of several key points provided in the online training.

By checking each of these statements, you confirm your understanding of the following key points reviewed in the online training course:

I should not engage in any physical, verbal, or other conduct that is either directed toward an individual or reasonably offensive to an individual because of his or her sex, including unwanted sexual attention, sexual advances, requests for sexual favors, sexually explicit comments, or other conduct of an expressed or obviously implied sexual nature.

I should not engage in conduct that is hostile, threatening, derogatory, demeaning, or abusive or intended to insult, embarrass, belittle, or humiliate an individual *because of his or her sex*.

I am not to engage in retaliation against anyone for submitting or assisting with submitting a complaint of or reporting sexual harassment, for participating in a sexual harassment investigation or proceeding, or for otherwise opposing sexual harassment against the person who submitted the claim.

If I believe I have been subjected to sexual harassment or retaliation in violation of the Statewide Sexual Harassment Prevention Policy I am strongly encouraged to promptly submit a complaint regarding the incident(s) to my supervisor or manager, division director, Human Resources or other agency designee or the Office of the State Inspector General if any of the above officials are the alleged harasser or retaliator, or if I have fear of retaliation by one of the above officials.

If I have witnessed or otherwise have reason to believe that another employee is being or has been subjected to sexual harassment or retaliation, I am required to promptly report this to one of the Agency officials listed in the previous bullet.

If I am found to have engaged in sexual harassment and/or retaliation in violation of the Statewide Sexual Harassment Prevention policy. I will be subject to corrective and/or disciplinary action, up to and including termination of employment.

Please Print:

Name	Agency	Date

Your signature _____

**BENEFICIARY ELECTION FORM FOR OUTSTANDING WAGES/MONIES
DUE FROM THE GEORGIA DEPARTMENT OF TRANSPORTATION (GDOT)**

Official Code of Georgia Annotated Section 34-7-4 provides that in the event of an employee's death all outstanding wages and other monies owed to the employee by GDOT be paid to any beneficiary so designated in writing, provided that the specified beneficiary is not legally prohibited or incapacitated from receiving such sums. If you have not filed a written beneficiary designation with the GDOT, the law provides that the outstanding wages and any other monies are payable upon your death as follows:

- (1) First, to your surviving spouse.
- (2) Second, in the absence of a spouse, to the duly qualified guardian of your surviving minor children.

A beneficiary may be an organization or an individual. An individual designated as a beneficiary may or may not be related to you. This beneficiary designation will not supersede any beneficiary which you may have designated for your retirement or insurance benefits. **IT IS THE EMPLOYEE'S RESPONSIBILITY TO FURNISH THIS INFORMATION AND TO KEEP IT CURRENT!**

PLEASE PRINT ALL INFORMATION EXCEPT YOUR SIGNATURE.

Employee's Name:

Employee ID NO. :

If, upon my death, wages or other monies are due me from the State of Georgia, Department of Transportation, I hereby authorize all such sums to be paid to the following designated beneficiary/beneficiaries:

Employee Name:	Employee ID No.:
Primary Beneficiary Name:	
Social Security No.:	Phone No.:
Address:	
% _____ Contingent Beneficiary's Name:	
Social Security No.:	Phone No.:
Address:	
% _____ Contingent Beneficiary's Name:	
Social Security No.:	Phone No.:
Address:	
If the beneficiary is a minor, also provide the following information:	
Beneficiary Name:	
Guardian's Name:	
Social Security No.:	Phone No.:
Address:	
Beneficiary Name:	
Guardian's Name:	
Social Security No.:	Phone No.:
Address:	

Add extra pages as necessary containing the above information for additional beneficiaries.

Dot 4454

Employee's Signature

Date

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____

Employee ID# _____

Employer Name The Georgia Department of Transportation

Employer ID# 58-6002039

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee _____

Date _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number		OR	Form I-94 Admission Number	OR Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.			First Day of Employment (mm/dd/yyyy):		
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Document Examples for I-9 form

List A – Typical document – If using a document from this list, it is the only document you need to bring.



US Passport

OR

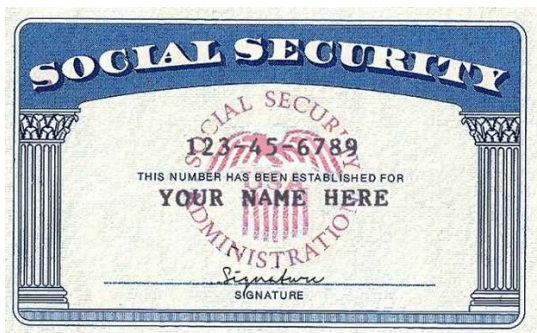
List B – Typical document – If using a document from this list, you will also need a document from List C.



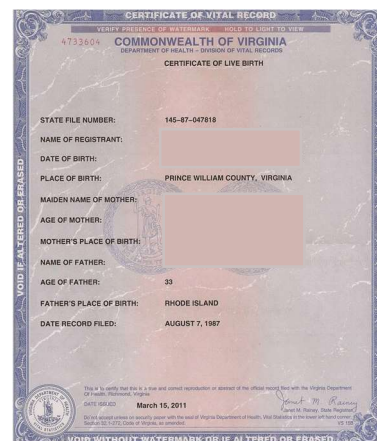
Drivers' license

AND

List C – Typical documents – You can bring any of the documents on the lists, this is just a sample of what is typically brought in by new hires.



Social Security card-must be signed by you



Birth certificate



LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		12. Day-care or nursery school record		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



GSEPS Automatic Enrollment Acknowledgement Form

I, _____, do hereby acknowledge that as a Georgia State Employees' Pension & Savings Plan (GSEPS) member of the Employees' Retirement System of Georgia, I have been automatically enrolled in the Peach State Reserves 401(k) Plan at a contribution rate of 5% of my eligible before-tax salary. This contribution will be deducted each pay period. I understand that I may elect to change my contribution rate or opt out of the plan at any time by contacting GaBreeze.

I have also received the GSEPS Enrollment Information Notice as part of my new hire informational material from my Human Resources official.

(Please print name)

Employee Signature

Date

**Direct Deposit Notification Form**

(To be signed by all new hires and rehires on and after May 1, 2010)

In accordance with the Mandatory Direct Deposit policy issued May 1, 2010, as a condition of employment, a person hired or rehired to a position in a State organization on or after May 1, 2010, and who is paid by the PeopleSoft HCM central payroll system (system) administered by the State Accounting Office (SAO), is required to accept all payroll related payments by direct deposit. The complete policy, and related documents, can be found on SAO's website at the following location: [State Accounting Office Accounting Policy Manual](#).

I understand that as a condition of employment, because I am a new hire or rehire applicant, I must comply with the policy and enroll in direct deposit using the Employee Self Service (ESS) feature of the system within 30 days of being hired or rehired and remain enrolled in direct deposit during the tenure of my employment. I understand that I can apply for an exemption from this requirement as provided by the policy. I understand that if I am not granted an exemption, I may be subject to dismissal.

Employee Name (Please Print) _____

Employee Signature: _____ Date: _____

To be completed by employing organization:

Employee ID Number: _____ Position Title: _____

Hiring Organization Name: Georgia Department of Transportation

Hiring Supervisor or HR Official: _____

Copy 1 – Organization Human Resources Office

Copy 2 – Employee

GENERAL INFORMATION

MEDICAL AND PHYSICAL EXAMINATION PROGRAM (MAPEP)

Inquiry Authority/Use Statement

The collection of this information is authorized by O.C.G.A. 45-2-40. This information will be used to determine fitness for duty and to provide protection to employees from potential harmful effects associated with this employment. Unless otherwise stated, this information may be disclosed to the hiring agency, State agencies responsible for State benefits and workers' compensation programs, and, where pertinent, to an appropriate law enforcement agency for investigation for prosecutive purposes or in a legal proceeding to which the hiring agency is a party. As provided by the Americans with disabilities Act of 1990 (Public Law 101-336), this information is to be filed separately from other personnel records and is to be used only for legitimate, non-discriminatory hiring and placement purposes with reasonable accommodation, where appropriate. Completion of this form is voluntary; however, if this information is not provided, the individual may not receive the requested benefits or employment.

A: Completed by Employee

- | | |
|--|--|
| 1. Employee Name: _____
Last First Middle | 2. _____
Social Security Number |
| 3. Race: _____ | 4. Sex: Female Male |
| 5. _____
Date of Birth | 6. _____
Daytime Telephone Number |
| 7. Address: _____

_____ | 8. Position Title: _____
9. Position Number: _____
10. Location of Position: _____ |
11. Direct Contact for Position Information
- | | |
|----------------------|-------------------------------------|
| a. Name: _____ | f. Dept.: _____ |
| b. Title: _____ | g. Unit: <u>Personnel</u> |
| c. Telephone: _____ | h. Address: _____

_____ |
| d. E-Mail: _____ | |
| e. Fax Number: _____ | |

- | | | |
|---|-----|----|
| 12. Have you been provided detailed information on the duties of this position? | Yes | No |
| 13. Do you understand the functional requirements and environmental factors of this position? | Yes | No |
| 14. Are you capable of performing the duties and responsibilities of this position (with reasonable accommodations, if necessary, as described in Section A, Item #17)? | Yes | No |

For the following questions, explain a "Yes" answer in the space provided below

- | | | |
|--|-----|----|
| 15. Have you ever been employed by the State of Georgia? | Yes | No |
| 16. Have you had a physical examination for employment with the State of Georgia within the past twelve-month period? | Yes | No |
| 17. Is there anything in your past medical history, of which you have knowledge, that would prevent you being able to perform the duties of this position? | Yes | No |

Explanation of items 15-17 checked "Yes." Enter item number before each comment.

I certify that all information given by me in connection with this medical assessment is true to the best of my knowledge and belief. I agree and understand that any misstatements of material facts may cause forfeiture on my part of all right to employment in the service of the State of Georgia; may result in dismissal after appointment; or may result in loss of entitlement to disability retirement benefits. My signature also indicates that I understand all of the questions on this form.

18. _____
Signature of Employee

19. _____
Date

B: Completed by Employer

1. Indicate type of job information used for medical review (check all that apply):

Job description
Performance standards
Functional requirements analysis
Environmental factors analysis

Other (please specify):

2. Check job category:

Category 1 Sedentary
Category 2 Active
Category 3 Food Handling
Category 4 Health-related
Category 5 Law Enforcement

3. Describe any notable or unusual job requirements or working conditions: (continue on separate page, if needed)

4. Were any "reasonable accommodations" needed?

If "Yes," describe: Yes No

5. _____
(Type or Print Official Contact's Name)

6. _____
Signature of Official Contact

7. _____
Date