



APPLICANT'S CERTIFICATION

I UNDERSTAND THAT THE "APPLICANT'S CERTIFICATION" APPLIES IN ALL RESPECTS TO THE RESPONSES PROVIDED IN THE CONFIDENTIAL EMPLOYEE HISTORY AND DRUG HISTORY.

Signature of applicant

Identification verified by photograph identification (type)_____ (number) _____

**Sworn to and subscribed before me by _____ who is personally known or has produced
_____ as identification this _____ day of _____, 20__.**

Notary Public Signature
Print, Type, or stamp commissioned name of Notary Public

My Commission Expires: _____ SEAL