



# INDIAN RIVER COUNTY SHERIFF'S OFFICE

PROTECT  PREVENT  SOLVE

## 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 to me 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

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