APPLICANT STATEMENT OF TRUTHFULLNESS

This form is to be signed and witnessed in the presence of a Notary Public. Return with application. *Please read the following statement and sign to certify your understanding.*

I certify that all information I have provided in order to apply for and secure employment with the Cumberland Fire Department is true, complete and correct. I understand that all the information I have provided is subject to verification and that any information found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application, or 2) if already appointed, I may be subject to discharge from employment. I have expressly authorized, without reservation, the Cumberland Fire Department, its representatives, employees or agents to contact all references, and any other persons in order to obtain any and all information deemed necessary by them to verify the accuracy of all information provided by me in this application or at other points throughout the entire process including interviews.

I understand that the Cumberland Fire Department does not unlawfully discriminate in employment and no question on this application is used for purpose of limiting or excluding any applicant from consideration on a basis prohibited by applicable local, state or federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

Before me the undersigned, a N	lotary Public for	-	
County, State of	, personally	, personally appeared	
Printed name of applicant	·		
	rn by me upon his/her oath certified th ms of the forgoing Applicant Statement	-	
Signed and sealed this	day of	, 20	
Signature of Applicant	Signature of N	Signature of Notary Public	
SEAL	My Commission Expires		