City of Gustavus
P.O. Box 1
Gustavus, AK 99826
Phone: (907) 697-2451

Recruitment Procedures

Certification Statement Form

I certify that the information on this my application is true and complete to the best of my knowledge. I understand that if I deliberately conceal or enter false information on this form my appointment may be rejected, that my name may be removed from the list of eligible candidates, or that I may be removed from my job; that the information in this application may be released in an authorized legal investigation; and that for the purposes of this certification, a photocopy of my original signature shall have the same force and effect as my original signature. I agree that the City of Gustavus may contact former employers or other persons who know me in order to obtain additional information.

_____ _____
Signed Dated

_____ _____
Witness Dated

Reference:
COG Chapter 3.02 Recruitment Procedures
Section 3.02.050 Certification Statement
Form date: April 21, 2010