





I CERTIFY THAT ALL THE STATEMENTS AND ANSWERS ON THIS APPLICATION AND/OR MY RESUME ARE TRUE AND COMPLETE TO THE BEST ON MY KNOWLEDGE. I UNDERSTAND THAT IF ANY STATEMENTS AND/OR ANSWERS ARE FOUND TO BE FALSE OR THAT INFORMATION HAS BEEN OMITTED, SUCH FALSE STATEMENTS AND/OR OMISSIONS MAY BE CAUSE FOR REJECTION OF MY APPLICATION OR TERMINATION OF MY EMPLOYMENT.

I AUTHORIZE A PHOTOCOPY AND/OR AN ELECTRONIC COPY OF THIS AUTHORIZATION TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS AUTHORIZATION WILL REMAIN IN EFFECT THROUGHOUT MY EMPLOYMENT.

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**Signature**

**Social Security Number**

**Date**