

APPLICANT'S ACKNOWLEDGEMENT

I certify that I have read and understand all questions and instructions in this application and that my answers are true and complete. I understand that this application is not an offer of or a contract for employment.

I understand that any untrue statement in this application may result in my dismissal at any time during my employment with the Wilkinson County Sheriff's Office. I understand that any intentional false statement will result in my disqualification of my application and/or prosecution for the offense of False Swearing (GA Code §16-10-71) punishable by a maximum fine of \$1000 plus imprisonment for not less than one and no more than five years or both. I further understand that any erroneous answer given by me during any part of this application process, whether intentional or not, will constitute a basis for my elimination from consideration for the employment I now seek. I understand that if I do not wish to answer a question in the process, I may choose not to do so and my application will be terminated.

By signing this application, I hereby acknowledge that I have read, understand and agree to all provisions outlined herein.

Applicant's Signature

Date

**STATE OF GEORGIA
COUNTY OF WILKINSON**

Before me appeared, _____, who says that he/she executes the above statement of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to me and subscribed in my presence this _____ day of _____, 20_____

Notary Public

My Commission Expires: _____