

CERTIFICATION

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application my name may be removed from consideration. Further, I understand that my employment with Mason County may be terminated at any time subsequent to being hired should it be determined that there is a misrepresentation or falsification of information.

I authorize my current or former employers, and all schools or educational and technical institutes which I have attended to provide Mason County representatives any information regarding my current or former employment, including performance, discipline and attendance, scholastic records or ratings. I hereby release any such current or former employers or institutes, their agents or employees, from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts. I hereby waive any claims against Mason County for relying on any information from my prior employers.

I understand that as a condition of employment I may be required to provide verification of any qualifications or representations made in my application documentation. Additionally, I must be able to provide original documentation along with personal identification information as may be required by the Immigration Reform and Control Act of 1986 or any other State or Federal Law.

Equal Opportunity Employer: Mason County is committed to affirmative recruitment and diversity in employment opportunity. It is the policy of Mason County to provide equal opportunity to all persons seeking or having access to its employment, services and activities, which is free from restriction based on race, color, religion, national origin, age, sex, marital status, veteran's status, disability, or sexual orientation.

Printed Name of Applicant

Signature of Applicant

Your typed name represents your signature.

Date