

## CERTIFICATION STATEMENT

Please read the following statements, sign below, fill out the information requested and return this form attached to your completed examination materials.

I understand that this exam is a screening device used prior to the interview and that the practice or attempt to practice any deception or fraud will result in my application being withdrawn or that I will be removed from the position if I am hired.

### WISCONSIN ADMINISTRATIVE CODE

Section ER-MRS 6.10, Wis. Adm. Code, states “. . . the administrator may refuse to examine or certify an applicant, or may remove an applicant from a certification:

- (5) Who has made a false statement of any material fact in any part of the selection process;
- (7) Who practices, or attempts to practice, any deception or fraud in his or her application, certification, examination or in securing eligibility or appointment;
- (10) Who has in any manner gained access to special or secret information regarding the content of an examination.”

### WISCONSIN STATUTES

Section 230.43, Wis. Stats., “Misdemeanors; how punished. (1) Obstruction or falsification of examinations. Any person..(c) who willfully or corruptly makes any false representations concerning the same [examination]...or (d) who willfully or corruptly furnishes any person any special or secret information . . . shall for each offense be guilty of a misdemeanor.

(3) Penalty. Misdemeanors under this section are punishable by a fine of not less than \$50.00, nor more than \$1,000.00, or by imprisonment for not more than one year or both.”

I certify that I have read and acknowledge that I understand the preceding two excerpts from the Wisconsin Administrative Code, ER-MRS 6.10, and Wisconsin Statutes, s. 230.43 which relate to security of examination information and falsification of information in any part of the selection process. I also certify that my responses to the questions on this Achievement History Questionnaire are true to the best of my recollection and that I can document these experiences if required to do so at some future date.

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SIGNATURE _____	DATE: _____
NAME (PRINT) _____	_____
ADDRESS _____	DAY _____
CITY, STATE, ZIP _____	EVENING _____