This is a fill-in form. Please click on the appropriate area to enter information. Tab between fields and PRINT when completed.

State of Wisconsin
Office of State Employment Relations
Division of Merit Recruitment and Selection

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the interview and that the practice or attempt to practice any deception or fraud will result in my application being withdrawn or that I will be removed from the position if I am hired.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.

SIGNATURE _____ DATE: _____

NAME (PRINT) _____

ADDRESS _____ DAY PHONE _____

CITY, STATE, ZIP _____ EVENING PHONE _____

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