



APPLICANT ACKNOWLEDGMENT AND STATEMENT OF UNDERSTANDING



By my signature below I acknowledge that the information contained in my application for employment with the Kodiak Police Department is complete, true, and correct to the best of my knowledge and belief. I acknowledge that my application does not omit any information which the Kodiak Police Department might consider relevant or material to its decision whether or not to initially hire or later retain me.

I will promptly notify the Kodiak Police Department, regardless of passage of time of any omission of information that I discover which the Kodiak Police Department might consider relevant or material to its decision whether to initially hire or later retain me.

I acknowledge, understand, and agree that any false or misleading statement on my application or any omission of information or fact which the Kodiak Police Department might consider relevant or material to its decision whether to initially hire or retain me may result in my immediate elimination from further consideration or post-hire in disciplinary action up to and including dismissal and in either case, may lead to criminal prosecution under *Alaska Statute 11.56.210 Unsworn Falsification*.

I understand that any and all information obtained by the Kodiak Police Department about me from any source is confidential and will not be released to me. Accordingly, I waive any right I may have to know test results, interpretations made, and access to the original data from which final recommendations have been made.

Signature: _____ **Date:** _____

Printed Name: _____

Witness: _____ **Date:** _____

Printed Name: _____

The City of Kodiak is an Equal Opportunity Employer.

Women and Minorities are encouraged to apply.