



TOBACCO AFFIDAVIT



I, _____, do hereby affirm that I have not been a user of tobacco or tobacco products for at least one (1) year immediately preceding my application.

Under the penalties of perjury and/or employee disciplinary action, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

DATED and SIGNED this _____ day of _____, 20____

Signature of Applicant

Printed Name of Applicant

State of Florida

County of _____

Sworn to and subscribed before me this _____ day of _____, 20____, by _____ who is personally known by me or who had produced identification _____.

Notary Public (SEAL)

Notary Public Signature

My Commission Expires:

NOTE: IN ORDER TO BE CONSIDERED FOR ANY POSITION WITH THE CITY OF AVON PARK, FIRE DEPARTMENT, THIS DOCUMENT MUST BE SUBMITTED DURING THE APPLICATION PROCESS PRIOR TO THE POSITION CLOSING AND MUST BE COMPLETED, SIGNED AND NOTARIZED.