

City of Macclenny

Tobacco Affidavit

I, _____ do hereby affirm that I have not been a user of tobacco products for at least one (1) year immediately preceding my application for employment as a Firefighter with the City of Macclenny Fire and Rescue Department. I also affirm that if I am hired by the City of Macclenny, I will maintain my non-use of tobacco products for the duration of my employment.

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

(Must be signed in front of a Notary)

Applicant's Signature: _____ Date _____

STATE OF: _____ COUNTY OF: _____ Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore. Sworn and subscribed in my presence this ___ day of _____, 20___. My commission expires on _____, 20___. Personally known -or- Produced identification, type of identification produced: _____

Notary Signature: _____

Notary Stamp/Seal: