Form No. 0084
Rev. 11/15/2017

TOBACCO AFFIDAVIT

Please note: *This form must be completed (and dated) between opening and closing dates of current job posting.*

Please print legibly.

Last Name:	First Name:	MI:	Date of Birth (MM/DD/YYYY):
Home Address:	City:	State:	Zip Code:
Email Address:		Phone Number:	

I hereby affirm that I have not used tobacco or tobacco products for at least one year immediately preceding my application for Firefighter/EMT or Firefighter/Paramedic with the Seminole County Board of County Commissioners, as required by Florida Statute 633.34, and that the information contained herein is complete and accurate.

_____ _____

Applicant Signature Date

NOTARIZED

STATE OF FLORIDA
COUNTY OF _____

On _____, _____, _____ personally
(month and day) (year) (applicant's name)

appeared before me and _____ is personally known to me, or

_____ has provided _____ as identification.

_____
Notary Public Signature

Commission expires:_____

PLEASE AFFIX STAMP OR SEAL ABOVE