

AFFIDAVIT

STATE OF FLORIDA:
COUNTY OF BROWARD:

BEFORE ME, the undersigned authority, personally appeared _____
who, upon first being duly sworn, deposes and says:

1. I am submitting an application for a position as a firefighter with the City of Pompano Beach, Florida.
2. I understand that Florida Statutes, Section 633.34 (6) provides:

Any person initially employed as a firefighter must:
Be a non-user of tobacco products for at least one
year immediately preceding application as evidenced
by sworn affidavit of the applicant.

3. I make this affidavit for the purpose of complying with Florida Statutes, Section 633.34 (6) and hereby swear that I have not used tobacco or tobacco products for at least one year prior to the date of the submission of my application for employment as a firefighter with the City of Pompano Beach. The date of my application is _____.
(date of submission of application)

Further, affiant sayeth naught.

SUBSCRIBED AND SWORN TO before me on the _____ day of _____, 20____,
by _____. He/She is personally known to me or has
produced _____ as identification.
(type of identification)

NOTARY SEAL:

NOTARY PUBLIC, STATE OF FLORIDA
(Signature of Notary taking acknowledgement)

Name of Acknowledger typed, printed or stamped

Commission Number