

Printed Name of Applicant \_\_\_\_\_

Today's Date \_\_\_\_\_

**TOBACCO POLICY**

The State Attorney, Ninth Judicial Circuit does not employ individuals who have used tobacco products within the last twelve (12) months.

Have you smoked or used tobacco products within the last 12 months?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**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, in accordance with Policy 706.4, State Attorney, Ninth Judicial Circuit of Florida.

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

DATED and SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant