



## Alachua County Human Resources Office

State of Florida

County of \_\_\_\_\_

I, \_\_\_\_\_, do hereby swear and affirm that I have not used tobacco or any tobacco product within the twelve (12) months immediately preceding my application dated \_\_\_\_\_ for employment as a Firefighter or Fire Rescue Recruit with Alachua County.

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Signature)

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_, who personally appeared before me, is known to me or who produced \_\_\_\_\_ as identification.

(Seal)

\_\_\_\_\_  
Notary Public, State-At-Large

My commission expires \_\_\_\_\_