

Orange County Comptroller

Non-Tobacco Use Affidavit

(Please read this carefully and sign in the presence of the Notary)

I _____, do hereby affirm that I have not been a user of tobacco products for at least six (6) months immediately preceding my application for employment in accordance with the Orange County Comptroller's Office Personnel Policy. I also affirm that I will maintain my non-use of tobacco products for the duration of my employment with the Office. I understand that the use of tobacco during my employment disqualifies me for eligibility for a wellness credit under the Comptroller's Wellness Program. 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 _____, 20_____.

Printed Name of Applicant _____

Signature of Applicant _____
Applicant will sign in ink on this line in the presence of a Notary Public.

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me on this ____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

Personally Known Produced Identification - Type of ID: _____