

 <p>Marion County Clerk of the Circuit Court and Comptroller</p>		Administration	
<p>Title: NON-TOBACCO USE AFFIDAVIT</p>	<p>Origination Date: 12/14/2007</p>	<p>Version Date: 3/22/2018</p>	<p>Page # 1 of 1</p>

I, _____, do hereby affirm that I have not used tobacco products for at least one (1) year immediately preceding my application for employment. I also affirm that if I am hired by the Marion County Clerk of the Circuit Court, I will maintain my non-use of tobacco products for the duration of my employment.

Under the penalties of perjury and/or discharge from employment, 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____.

Signature of Applicant

Printed Name of Applicant

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____,
by _____, who is personally know to me or who has
provided _____ as proof of identification.

_____ (SEAL)
Notary Public or Deputy Clerk
My Commission Expires: _____