

**CITY OF NEW BRITAIN NON-SMOKING AFFADAVIT FOR POLICE OFFICERS**

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ do hereby swear and affirm that I am not now a smoker and have not \_\_\_\_\_ been a smoker since. I understand that I shall not smoke as a condition of continued employment.

It is my understanding that this affidavit is a part of my application papers and, as such, falsification of this document may be cause for termination of employment and/or removal from any employment list.

I do swear that the above information is true.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_