

CITY OF NEW BRITAIN
NON-SMOKING AFFIDAVIT
POLICE OFFICER

DATE: _____

NAME: _____

ADDRESS: _____

I _____ do hereby swear and affirm that I am not now a smoker and have not been a smoker since _____.

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