

TOBACCO AND SUBSTANCE ABUSE AFFIDAVIT

I further agree that I will not smoke, or use any form of tobacco products, either on or off the job, during employment in the fire service of the Captiva Island Fire Control District, Florida. I understand to do so could compromise my physical ability as a Firefighter, and create a negative impact on the Firefighters' Pension Plan. I do hereby affirm that I have not been a user of tobacco products or illegal drugs for at least one (1) year immediately preceding my application as a Firefighter with the Captiva Island Fire Control District. Additionally, I hereby affirm that I am not addicted to the use of intoxicating beverages, substances or inhalants, illegal or "street drugs", pharmaceuticals or any other substance that may be abused in order to obtain an alteration in the Central Nervous System.

In regard to a violation of any of the above rules, I understand that this agreement / Constitutes a term and condition employment, and that for any violation of the same, I can be terminated from the fire service, and from employment with the Captiva Island Fire Control District, Florida.

Applicants Signature

Date

State of Florida County of _____ Sworn to and subscribed before me this
_____ day of _____, 20____, by _____ who is
Personally known by me or who has produced identification _____.

Notary Public (SEAL)

Notary Public Signature

NOTE: IN ORDER TO PARTICIPATE IN THE CAPTIVA ISLAND FIRE CONTROL DISTRICT'S WRITTEN EXAM FOR THE POSITION OF FIREFIGHTER, THIS DOCUMENT MUST BE SUBMITTED WITH THE APPLICATION PRIOR TO THE CLOSING DATE AND MUST BE COMPLETED, SIGNED AND NOTARIZED.