

**DEPARTMENT OF INSURANCE AND TREASURER  
DIVISION OF STATE FIRE MARSHAL  
SMOKE FREE FIRE SERVICE POLICY  
AFFIDAVIT**

I, \_\_\_\_\_ do hereby affirm that I have not been a user of tobacco or tobacco products for at least one (1) year immediately preceding my application for certification as a firefighter in accordance with Section 633.34 (6), Florida Statutes.

Under penalty of perjury, I declare that I have read the foregoing and the facts stated are true.

I, \_\_\_\_\_ do hereby affirm that the above information is true and correct to the best of my knowledge.

**DATED** and **SIGNED** this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Applicant

**SWORN TO AND SUBSCRIBED** before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, who is personally known to me OR who produced \_\_\_\_\_, as identification and who did take an oath.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires:

NOTARY PUBLIC

State of \_\_\_\_\_ at large

\_\_\_\_\_

**CITY OF DELRAY BEACH  
SMOKE FREE FIRE SERVICE POLICY  
AFFIDAVIT**

The City of Delray Beach is a Smoke Free Fire Department, thus, all applicants must be non-users of tobacco and tobacco products for a period of at least one (1) year immediately preceding application for employment and must remain smoke free at all times whether on or off duty while employed as a certified Firefighter or Fire Inspector.

I hereby acknowledge the above statement and have been made fully aware of the Smoke Free Fire Service policy enforced in the City of Delray Beach and hereby swear or affirm that I fully comply with this requirement as of the date of my application. My possible future employment with the City of Delray Beach is contingent upon my affirmation that I will adhere at all times to the Smoke Free Fire Service policy.

Violations of the Smoke Free Fire Service policy will result in the appropriate disciplinary action, up to and including termination.

Under penalty of perjury, I declare that I have read the foregoing and the facts stated are true.

**DATED** and **SIGNED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

**SWORN TO AND SUBSCRIBED** before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me OR who produced \_\_\_\_\_, as identification and who did take an oath.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires:

NOTARY PUBLIC

State of \_\_\_\_\_ at large

\_\_\_\_\_

**CITY OF DELRAY BEACH**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: Authorized Representative of any Organization, Institution or Repository of Records

Applicant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I have applied for employment with the City of Delray Beach. I am aware that a thorough investigation of my entire background is to be conducted. I hereby authorize and request the release of any and all information you have concerning me (including transcripts of any academic records) to the City of Delray Beach or its agent upon presentation of this release or copy thereof.

In addition, I authorize all employers, with the exception of \_\_\_\_\_ and other listed parties named in my application to provide information relative to my employment as requested by the City of Delray Beach, releasing all parties concerned from all damages or liability.

**DATED** and **SIGNED** this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Applicant

**SWORN TO AND SUBSCRIBED** before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, who is personally known to me OR who produced \_\_\_\_\_, as identification and who did take an oath.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires:

NOTARY PUBLIC

State of \_\_\_\_\_ at large

\_\_\_\_\_

**CITY OF DELRAY BEACH  
PHYSICAL FITNESS AFFIDAVIT**

I acknowledge that the training regime for Firefighter/Paramedic is mentally and physically challenging.

I acknowledge that on my first day of employment, I will be expected to complete all requirements of the CPAT/PAT in under the maximum allotted time.

I acknowledge that failure to complete the CPAT/PAT in under the maximum allotted time will result in termination from the City of Delray Beach.

Under the penalties of perjury, I declare that I have read this affidavit and agree with the requirements.

**DATED** and **SIGNED** this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Applicant

**SWORN TO AND SUBSCRIBED** before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, who is personally known to me OR who produced \_\_\_\_\_, as identification and who did take an oath.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires:

NOTARY PUBLIC

State of \_\_\_\_\_ at large

\_\_\_\_\_