

2019 Ozaukee County Tobacco-Free Affidavit

I, _____ (Print full name), Certify that I am tobacco-free and have not used any tobacco product in the last 6 months preceding the signing of this affidavit. I also commit to being tobacco-free for the next 12 months. Tobacco-free means I have not used cigarettes, pipes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco. I understand that one (1) usage of any product is considered tobacco use.

I understand that the nature and content of this document, I am of legal age, and I am fully competent to truthfully execute this affidavit.

I certify that, if this information changes in the next 12 months I will notify Ozaukee County Human Resources.

Choose One: Employee ____ Spouse ____

If spouse, please list employee's name: _____

E-Mail Address: _____

Signature: _____ Date: _____

Please submit this form by email to Ellen Jarr (ejarr@co.ozaukee.wi.us) or by dropping it off/ mailing to:
Ozaukee County
Attn: Ellen Jarr – Human Resources
121 W. Main Street
Port Washington, WI 53074