

Smoking Sworn Declaration

I, _____, born on _____
and a citizen of _____, hereby swear or affirm
that the information on the application form in regards to cigarette consumption is
true and accurate.

If applicable, I will not smoke on school grounds or at any school functions. I understand that I may or may not be able to smoke inside the school provided housing and will abide by the rules of the housing's landlord. I will refrain from smoking in public areas where there is a reasonable chance where I may be seen by students or co-workers. In addition, I will not smoke in the following settings: Offices of Education, Educational Institutes, or other venues designated by my school/supervisor/EPIK officials.

I hereby accept all consequences should I violate the above and understand that all penalties shall be borne solely by me. I understand that any misrepresentation on the application form may be grounds for termination.

Applicant Signature

Date