



Affidavit of Non-Tobacco Use for Employment

To: The Office of Human Resources

I acknowledge that Tacoma-Pierce County Health Department is dedicated to providing a healthy, comfortable and Tobacco-free environment for all employees. Our reasons for moving to a practice of hiring non-smokers are simple:

- 1. Economics
• Employers spend an average of \$753 per year more in medical costs for a smoker than for a non-smoker.
Additionally, \$68 billion in medical costs are spent in the United States for tobacco deaths alone.
2. Productivity
• Smokers miss an average of two more workdays per year than their non-smoking colleagues do.
• Smoking accounts for a total annual value of lost productivity and disability time worth \$47 billion per year in the United States.
3. Prevention & Objectives
• Our tobacco prevention campaign is one of our primary departmental objectives. It is important that we demonstrate healthy behaviors by our actions and through our policies and that we educate and market our tobacco prevention efforts to the Pierce County community.
• Our former US Surgeon General, David Satcher, stated that "Tobacco use will remain the leading cause of preventable illness and death in this Nation. . . . until tobacco prevention and control efforts are commensurate with the harm caused by tobacco use."

I understand that Tacoma-Pierce County Health Department serves the Pierce County community and that their tobacco prevention campaign is a primary objective. Furthermore, I acknowledge that as an employee of the agency I will be expected to demonstrate healthy behaviors by my actions and by my compliance with departmental policies. Hence, I will be expected as a condition of my employment to be tobacco-free upon hire and to remain tobacco-free during my employment with Tacoma-Pierce County Health Department. I acknowledge that by demonstrating such behaviors, I will be educating and marketing tobacco prevention efforts to our Pierce County community.

I acknowledge that current employees who use tobacco are 'grandfathered' in to the tobacco-free lifestyle and that they will be encouraged to quit using tobacco. In addition, I understand they are provided educational materials on the effects of tobacco and resources to help them quit.

I understand that tobacco use will be strictly prohibited within the agency's buildings, vehicles and other agency work areas for both employees and clients alike. Further, I acknowledge that I will do my part to educate those persons who violate the 50 feet standard from the department's buildings where smoking is prohibited. (This standard is necessary so that secondhand smoke does not enter those areas through entrances, windows, ventilation systems or other means.)

My signature below acknowledges that upon hire, I will be expected as a condition of my employment to be tobacco-free 24 hours per day and to remain tobacco-free during my employment with the Tacoma-Pierce County Health Department.

Signature of Applicant

Date

Print First and Last Name of Applicant

Human Resources/Risk Management
3629 South D Street, MS 010 Tacoma, WA 98418-6813
253 798-6486 Fax: 253 798-6296 TDD: 253 798-6050