



APPOINTMENT AFFIDAVITS

SF-13 (R 5-03)

IMPORTANT: Please read the following appointment affidavits. Before swearing to these affidavits, make sure you understand the questions fully. It is the responsibility of the employing agency to determine any change in employment status since the applicant filed the original pre-employment application.

APPOINTEE		AGENCY /DIVISION LCTCS/STCC1 SOWELA Technical Community College	
PRESENT STREET ADDRESS		PLACE OF EMPLOYMENT SOWELA Technical Community College	
CITY/ STATE/ZIP		DATE OF BIRTH (mm-dd-yyyy)	
<p>A. SINCE YOU FILED THE APPLICATION RESULTING IN YOUR APPOINTMENT, HAVE YOU BEEN INDICTED OR CONVICTED OF ANY LAW VIOLATION (excludes minor traffic violations)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, GIVE DETAILS:</p>			
DATE (mm/dd/yyyy)	LOCATION	CHARGE	
DISPOSITION			
<p>B. SINCE YOU FILED THE APPLICATION RESULTING IN YOUR APPOINTMENT, HAVE YOU RESIGNED OR BEEN DISCHARGED AS A RESULT OF MISCONDUCT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, GIVE DETAILS:</p>			
<p>C. DO YOU NOW HOLD OR ARE YOU A CANDIDATE FOR AN ELECTIVE PUBLIC OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
<p>D. AS REQUIRED BY LOUISIANA REVISED STATUE 42:52</p> <p>Do you solemnly swear (or affirm) to support the Constitution and laws of the United States and Constitution and laws of this State, and faithfully and impartially discharge and perform all of the duties incumbent upon you as a State employee according to the best of your ability and understanding? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
DATE (mm/dd/yyyy)	SIGNATURE OF APPOINTEE	SOCIAL SECURITY NO.	