DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE COMMISSIONED CORPS

APPOINTMENT AFFIDAVIT

(Name in full)

, do solemnly swear (or affirm) that

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A. OATH OF OFFICE			
I will support and defend the Constitution of the true faith and allegiance to the same; that I ta that I will well and faithfully discharge the duties	ke this obligation freely with	nout any mental rese	ervation or purpose of evasio
3. AFFIDAVIT AS TO SERVICE			
I am willing to serve in any area or position or	wherever the exigencies of	the Service may red	quire.
. AFFIDAVIT AS TO STRIKING AGAINS	T THE FEDERAL GOV	ERNMENT	
I am not participating in any strike against the participate while an employee of the Government			=
). AFFIDAVIT AS TO PURCHASE AND S	ALE OF OFFICE		
I have not, nor has anyone in my behalf, given hope of receiving assistance in securing this		paid any considerati	on for or in expectation or
nopo or rocciving accidence in eccaning and	аррошиноти.		
(Type name of appointee)	(Si	(Signature of appointee)	
Subscribed and sworn before me this	day of		, A.D,
	at		
		(City)	(State)
		(Signature of officer) (Title)	

Appointment and Appointment Date are Established by Personnel Order.

NOTE -- The oath of office must be administered by a person specified in 5 U.S.C. 2903. If by a Notary Public, the date of expiration of commission must be shown.