

Louisiana State University  
Health Sciences Center - Shreveport

**APPOINTMENT AFFIDAVIT**

**IMPORTANT: BEFORE SWEARING TO THESE APPOINTMENT AFFIDAVITS, THEY SHOULD BE READ AND UNDERSTOOD BY THE APPOINTEE.**

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**CITY AND STATE OF BIRTH**

\_\_\_\_\_  
**DATE OF BIRTH**

Do you solemnly swear (or affirm) to support the Constitution and laws of this State faithfully and impartially discharge and perform all the duties incumbent upon you as a State employee according to the best of your ability and understanding?

**YES** \_\_\_\_\_

**NO** \_\_\_\_\_

Since filing application resulting in appointment, have you been convicted of a felony?

**YES** \_\_\_\_\_

**NO** \_\_\_\_\_

If YES, give full details \_\_\_\_\_

Since filing application resulting in appointment, have you been removed from a position or resigned to avoid removal/disciplinary action?

**YES** \_\_\_\_\_

**NO** \_\_\_\_\_

If YES, give full details \_\_\_\_\_

Are you a holder or a candidate for any elective public office ?

**YES** \_\_\_\_\_

**NO** \_\_\_\_\_

Are you registered with the Military Selective Service?

**YES** \_\_\_\_\_

**NO** \_\_\_\_\_

**N/A** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**