



## AFFIDAVIT OF SUPPORT

**NOTE: The person (Owner/Key Employee) filling out and signing this form must have gone through a background investigation in order for this form to be valid.**

### AFFIDAVIT:

I, \_\_\_\_\_ being first duly sworn, depose and say:  
Employer/Manager Name

I am the employer or manager of \_\_\_\_\_ at \_\_\_\_\_  
Employee's Name Business Name

located at \_\_\_\_\_ , \_\_\_\_\_  
Business Address License Number

The above referenced employee has applied for the position of \_\_\_\_\_

☐ I have reviewed the LVMPD report of this employee dated \_\_\_\_\_  
Date on the Metro report **NOTE: Date should be within the last 14 days.**

☐ I support the employment of the above referenced employee and will attend the scheduled City Council Meeting.

☐ I do not support the employment of the above referenced employee.

### Comments:

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\_\_\_\_\_  
Affiant's Printed Name

\_\_\_\_\_  
Affiant's Signature

SUBSCRIBED AND SWORN TO before me on this

the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC