**CIGAR SHOP EMPLOYEE ACKNOWLEDGMENT FORM**

[Your Cigar Shop’s Name and Logo]

*Employee Acknowledgment of Smoking Environment & Requirements for Retail Tobacco Sales*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge and agree to the following related to my employment at [Your Cigar Shop’s Name]:

**Smoking Environment:** I understand and acknowledge that [Your Cigar Shop’s Name] is a smoking establishment where customers are permitted to smoke cigars and other tobacco products. As an employee, I understand that I will be exposed to secondhand smoke regularly during the course of my work.

**Comfort in Smoking Environment:** I affirm that I am comfortable and willing to work at an establishment where smoking is allowed. I am aware that exposure to secondhand smoke is an inherent part of the job, and I willingly accept employment at [Your Cigar Shop's Name] understanding these conditions.

**Age-Restricted Products:** I understand that tobacco products are age-restricted products that cannot be purchased from [Your Cigar Shop’s Name] without presentation of government-issued photo identification demonstrating that the purchaser is at least 21 years old. I understand that I cannot sell tobacco products to any person under the age of 21 years and agree to comply with all local, state, and federal laws and company policies on retail tobacco sales.

**Training Related to Requirements for Retail Tobacco Sales:**

I understand that [Your Cigar Shop’s Name] will provide training regarding local, state, and federal laws and company policies on retail tobacco sales. I agree to participate in this training and comply with all such laws and policies, including by verifying with government-issued photo identification that all purchasers of all tobacco products are at least 21 years of age.

**Voluntary Acceptance:** I affirm that my decision to work at [Your Cigar Shop’s Name] and in a smoking environment is voluntary. I have not been coerced or pressured into accepting employment under these conditions.

**Acknowledgment of Policies:** I have received and reviewed the company’s policies related to working in a smoking environment. I understand that failure to adhere to these policies may result in disciplinary action, up to and including termination of employment.

I have read and understand the terms of this acknowledgment, and I willingly accept the conditions outlined herein.

Employee’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Your Cigar Shop’s Representative’s Full Name (Printed)]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Your Cigar Shop’s Representative’s Signature]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please retain a copy of this signed acknowledgment in the employee’s personnel file.

[Your Cigar Shop’s Name and Contact Information]