



VERIFICATION OF EMPLOYMENT HISTORY

REQUIRED OF ALL FAMILY DAY CARE

APPLICANTS, SUBSTITUTES, AND EMPLOYEES

- ___ I AM APPLYING FOR A FAMILY DAY CARE LICENSE.
- ___ I AM APPLYING TO BE A SUBSTITUTE FOR: _____
- ___ I AM APPLYING TO BE AN EMPLOYEE FOR: _____

Name (please print)

Street *City* *State* *Zip*

Signature/Date *Telephone #*

For the past 24 months I have been:

- Self employed or not employed outside my home from _____ to _____.
- Employed and will submit an Employer Verification Form for each employer.
Your last **two (2) years of employment** are required. The dates of employment are needed.

1. **Name:** _____ **From:** _____ **To:** _____
Address: _____
2. **Name:** _____ **From:** _____ **To:** _____
Address: _____
3. **Name:** _____ **From:** _____ **To:** _____
Address: _____

If the above dates, do not add up to the previous 24 months, list additional places of employment here:

- Name: _____ From: _____ To: _____
Address: _____
- Name: _____ From: _____ To: _____
Address: _____
- Name: _____ From: _____ To: _____
Address: _____

An Employer Verification Form is required for EACH employer listed above. You may make additional copies of the attached form, if needed.



EMPLOYER VERIFICATION FORM

APPLICANT, SUBSTITUTE, OR EMPLOYEE TO COMPLETE THE FOLLOWING:

___ I AM APPLYING FOR A FAMILY DAY CARE LICENSE.

___ I AM APPLYING TO BE A SUBSTITUTE FOR: _____

___ I AM APPLYING TO BE AN EMPLOYEE FOR: _____

Name (please print)

Street

City

State

Zip

Signature/Date

Telephone #

EMPLOYER IS REQUESTED TO COMPLETE THE FOLLOWING:

Position Description: _____

Date of Employment: From _____ To _____
Month/Year Month/Year

Level of Job Performance: _____

Company Name: _____

Company Address: _____
Street City State Zip

Employer's Name (please print) and Title: _____

Employer's Signature: _____ Date: _____

RETURN FORM TO:
Pinellas County License Board
4175 East Bay Drive, Suite 350
Clearwater, FL 33764