



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