



AFFIDAVIT STATEMENT FOR APPLICANT FOR EMPLOYMENT

Name of facility: _____

Address: _____

I, _____ (Print Full Name) attest, under penalty of perjury, that I have never had a child care license denied, revoked, or suspended in any state or jurisdiction, or have been the subject of a disciplinary action, or have been fined while being an owner, operator, or employee of a facility or home providing child care. Neither have I ever worked in a facility or home that has had a license denied, revoked, or suspended in any state or jurisdiction, or has been the subject of a disciplinary action, or had been fined while I was employed in that facility or home.

OR

I, _____ (Print Full Name) am unable to attest to the statements above because of the following reason(s):

If necessary use reverse side to provide additional information.

Signature

Sworn to and subscribed before me this _____ day of _____ 20_____.

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires
The affiant's identification has been validated by: _____