OWNER / DIRECTOR
VERIFICATION OF EMPLOYMENT HISTORY

THE PINELLAS COUNTY LICENSE BOARD IS REQUESTING VERIFICATION OF EMPLOYMENT FOR THE ABOVE OWNER/DIRECTOR OF A CHILDREN'S CENTER. PLEASE ASSIST US BY ANSWERING THE FOLLOWING QUESTIONS:

AUTHORIZED RELEASE OF INFORMATION

I,_____/_____
Print Name of Owner/Director *Signature of Owner/Director*

currently employed with _____
Name of Children's Center

authorize my previous employer_____

located at _____

to release the information requested below.

1. Was the person named above previously employed by you: Yes ☐ No ☐ NA ☐

2. If the person was a previous employee, please list the following:

A. Dates of employment:

From: _____ To: _____
Month/Year *Month/Year*

B. Applicant's Position Description:

_____

_____

_____

C. Level of Job Performance:

_____

3. Would you rehire the applicant? Yes ☐ No ☐ NA ☐

Name of Person Completing Form:_____ ***Date:***_____

Signature of Person Completing Form: _____

Telephone Number: _____

Please complete and mail this form to:

Child Care Licensing Program
4175 East Bay Drive, Suite 350, Clearwater, Florida 33764