



Florida Department of Children and Families

Employment Screening Affidavit

CONTRACT NO.: _____ **DATED** _____

THE UNDERSIGNED VENDOR HEREBY ATTESTS IT IS IN COMPLIANCE WITH THE EMPLOYMENT SCREENING CLAUSE CONTAINED IN THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES STANDARD INTEGRATED CONTRACT. ALL REQUIRED STAFF HAVE BEEN SCREENED OR THE VENDOR IS AWAITING THE RESULTS OF SCREENING.

VENDOR NAME: _____
(Print Name)

BY: _____ DATE: _____
SIGNATURE OF AUTHORIZED REPRESENTATIVE

REPRESENTATIVE'S NAME/TITLE: _____
(Print Name/Title)

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day ____ of _____, by

_____.

Signature of Notary

(Print, Type, or Stamp Commissioned Name of Notary Public)

[Check One] ____ Personally Known OR ____ Produced the following I.D. _____

VENDOR NAME _____ FEIN# _____

VENDOR'S AUTHORIZED REPRESENTATIVE NAME AND TITLE

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CORPORATE SEAL (IF APPLICABLE)