



**Florida Department of Children and Families**

**Employment Screening Affidavit**

CONTRACT NO.: LHZ91 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: Pinellas Board of County Commissioners  
(Print Name)

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

REPRESENTATIVE'S NAME/TITLE: Pat Gerard, Chairman, Pinellas Board of County Commissioners  
(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 <u>Pinellas Board of County Commissioners</u> FEIN# <u>596000800</u>
VENDOR'S AUTHORIZED REPRESENTATIVE NAME AND TITLE <u>Pat Gerard, Chairman, Pinellas Board of County Commissioners</u>
ADDRESS: <u>c/o Office of Management &amp; Budget, 14 S. Ft. Harrison Ave. - 5th Floor, Clearwater, FL 33756</u>
CITY, STATE, ZIP: <u>Clearwater, FL 33756</u>
PHONE NUMBER: <u>(727) 464-3596</u>
EMAIL ADDRESS: <u>GrantsCOE@pinellascounty.org</u>

CORPORATE SEAL (IF APPLICABLE)