



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 SECTION A1-15 OF 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)