



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 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, by means of physical presence or online notarization this _____ day of _____, _____ (year), 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)