



# Rhode Island Department of Human Services

## Office of Child Care Employment History Affidavit

Revised 12/12/19

Individual's Information	
Name:	
Address:	
Phone:	

Please list your employment history for the past five (5) years, in chronological order.

Employer:			Occupation:			
Address:			State:		Zip:	
Country:		Dates of Employment (MM/YY):		to		
Supervisor:			Phone Number:			

Employer:			Occupation:			
Address:			State:		Zip:	
Country:		Dates of Employment (MM/YY):		to		
Supervisor:			Phone Number:			

Employer:			Occupation:			
Address:			State:		Zip:	
Country:		Dates of Employment (MM/YY):		to		
Supervisor:			Phone Number:			

Employer:			Occupation:			
Address:			State:		Zip:	
Country:		Dates of Employment (MM/YY):		to		
Supervisor:			Phone Number:			

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If you have not been employed for any period of time during the past five (5) years, please indicate below the dates of unemployment.

Dates Unemployed			Reason for Unemployment	Residence During Unemployment
MM/YY	to	MM/YY	Please indicate why you were not employed during this time.	State, Country (Ex: RI, USA; Sonora, Mexico)
	to			
	to			
	to			
	to			
	to			

I, \_\_\_\_\_, attest that the information contained in this affidavit is complete and accurate and understand that any false representation may be cause for denial or termination of employment or denial or termination of licensure.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Form Completion

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_  
Date Month Year

\_\_\_\_\_  
Notary Public (Print)

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Commission Expiration