



# Rhode Island Department of Human Services

## Office of Child Care Employment History Affidavit

Revised 3/15/24

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	
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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			

I hereby certify that under penalty of perjury that the above information is complete, true and correct. In addition, I understand that any false representation may be cause for denial or termination of employment and/or licensure.

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

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