



## OWNER / DIRECTOR VERIFICATION OF EMPLOYMENT HISTORY

THE PINELLAS COUNTY LICENSE BOARD IS REQUESTING VERIFICATION OF EMPLOYMENT FOR THE ABOVE OWNER/DIRECTOR OF A CHILDREN'S CENTER. PLEASE ASSIST US BY ANSWERING THE FOLLOWING QUESTIONS:

**AUTHORIZED RELEASE OF INFORMATION**

I, \_\_\_\_\_ / \_\_\_\_\_  
*Print Name of Owner/Director* *Signature of Owner/Director*

currently employed with \_\_\_\_\_  
*Name of Children's Center*

authorize my previous employer \_\_\_\_\_

located at \_\_\_\_\_

to release the information requested below.

1. Was the person named above previously employed by you:            Yes    No    NA

2. If the person was a previous employee, please list the following:

**A. Dates of employment:**

From: \_\_\_\_\_ To: \_\_\_\_\_  
*Month/Year* *Month/Year*

**B. Applicant's Position Description:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. Level of Job Performance:**

\_\_\_\_\_

3. Would you rehire the applicant?    Yes    No    NA

**Name of Person Completing Form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Person Completing Form:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Please complete and mail this form to:**

Child Care Licensing Program  
 8751 Ulmerton Road Suite 2000  
 Largo, Florida 33771