



EMPLOYER VERIFICATION FORM

**APPLICANT, SUBSTITUTE, OR EMPLOYEE TO COMPLETE THE FOLLOWING, SIGN
AND SUBMIT TO PCLB**

___ I AM APPLYING FOR A FAMILY CHILD CARE LICENSE.

___ I AM APPLYING TO BE A SUBSTITUTE FOR: _____

___ I AM APPLYING TO BE AN EMPLOYEE FOR: _____

Name (please print)

Street

City

State

Zip

Signature/Date

Telephone #

EMPLOYER IS REQUESTED TO COMPLETE THE FOLLOWING:

Position Description: _____

Date of Employment: From _____ To _____
Month/Year Month/Year

Level of Job Performance: _____

Company Name: _____ Phone # _____

Company Address: _____
Street City State Zip

Employer's Name (please print) and Title: _____

Employer's Signature: _____ Date: _____

RETURN FORM TO:
Pinellas County License Board
8751 Ulmerton Road, Suite 2000
Largo, FL 33771