

RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

EMPLOYMENT HISTORY AFFIDAVIT

Please list employment history for the past three (3) years in chronological order. If you have not been employed for any period of time during the past three (3) years, please indicate below the dates of unemployment.

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
From To Occupation Supervisor

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
From To Occupation Supervisor

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
From To Occupation Supervisor

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
From To Occupation Supervisor

I, the undersigned, 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 of licensure or certification.

\_\_\_\_\_  
Applicant Date

\*Subscribed and sworn to before me \_\_\_\_\_ personally  
appeared the \_\_\_\_\_ day of \_\_\_\_\_, 2004.

\_\_\_\_\_  
Notary Public