

**STATE OF 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
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\* Subscribed and sworn to before me \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_

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