

\_\_\_\_\_  
(insert facility name)

## RELEASE OF EMPLOYMENT HISTORY

In order to comply with 19 Del. C. Subsection 708, all applicants for licensure must provide a list of their current or any previous employers in the areas of health care or child care for the past five years. The purpose is to enable the

\_\_\_\_\_ to obtain Service Letters.  
(insert facility name)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Employment History:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize the above named employers to fully release any and all information pertaining to the facts of my employment. I swear that I have fully and completely disclosed my employment history. I understand that failure to provide complete disclosure is a violation of 19 Del. C. Subsection 708 with civil penalties of not less than \$1,000 nor more than \$5,000.

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

\_\_\_\_\_  
Date