

# Action for Children Signing Bonus Program New Employee Attestation

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Address

\_\_\_\_\_  
Licensed Child Care Provider

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date

To Whom It May Concern,

By signing below, I certify the following:

1. I have not been employed by an ODJFS licensed child care provider within the past 30 days from date of signature.
2. I have not previously received a signing bonus under this program.
3. I am legally authorized to work for the child care provider named above.

I declare that the above statements are true and accurate.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

