Rhode Island Department of Health
Three Capitol Hill
Providence, RI 02908-5094

health.ri.gov

Center for Food Protection
Food Safety Manager EMPLOYMENT VERIFICATION FORM

Date Submitted:

INSTRUCTIONS

1. This form must be either typed or legibly printed using a ballpoint pen, except signatures, which must be written in ink. Please answer all questions, do not leave blanks.
2. This form must be submitted with a copy of your valid driver's license or State ID by:

   Email: DOH.foodprotectionFMC@health.ri.gov

   Mail: Rhode Island Department of Health
   Center for Food Protection
   3 Capitol Hill, Rm. 203
   Providence, RI 02908
3. Please notify the Center for Food Protection within ten (10) days of a change of employment.

RI Department of Health License No.: FMC

First Name: Last Name:

Mailing Address:

City: State: Zip Code:

Employment Information

Name of Current Establishment:

Facility Address:

City: State: Zip Code:

Name of Previous Establishment:

Facility Address:

City: State: Zip Code:

Signature of Applicant: ___________________________________