



Florida Department of Children and Families

Employment Screening Affidavit

CONTRACT NO.: _____ DATED _____

THE UNDERSIGNED VENDOR HEREBY ATTESTS IT IS IN COMPLIANCE WITH THE EMPLOYMENT SCREENING CLAUSE CONTAINED IN SECTION A1-15 OF THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES STANDARD INTEGRATED CONTRACT. ALL REQUIRED STAFF HAVE BEEN SCREENED OR THE VENDOR IS AWAITING THE RESULTS OF SCREENING.

VENDOR NAME: Hernando County Board of County Commissioners

(Print Name)

BY: Danielle Venditti DATE: 7/31/25
SIGNATURE OF AUTHORIZED REPRESENTATIVE

REPRESENTATIVE'S NAME/TITLE: Danielle Venditti, Human Resources Manager
(Print Name/Title)

STATE OF Florida
COUNTY OF Hernando

Sworn to (or affirmed) and subscribed before me this 31st day July of 2025, by
Danielle Venditti

Mary E. Spencer
Signature of Notary

(Print, Type, or Stamp Commissioned Name of Notary Public)

[Check One] ☒ Personally Known OR ☐ Produced the following I.D. _____

VENDOR NAME	<u>Hernando County Board of County Commissioners</u>	FEIN#	<u>59-1155275</u>
VENDOR'S AUTHORIZED REPRESENTATIVE NAME AND TITLE			
<u>Danielle Venditti, Human Resources Manager</u>			
ADDRESS: <u>15470 Flight Path Dr</u>			
CITY, STATE, ZIP: <u>Brooksville, FL 34604</u>			
PHONE NUMBER: <u>352-754-4013</u>			
EMAIL ADDRESS: <u>hr@hernandocounty.us</u>			

CORPORATE SEAL (IF APPLICABLE)

