Children's Aid Society of Alabama

Instructions for completing the DHR Vender Certification Form

PLEASE PRINT IN BLUE OR BLACK INK

FIRST NAME, MIDDLE NAME & LAST NAME

JOB TITLE – Enter the name of the job that you are applying for. If not sure please contact the office.

SS# - Enter your social security number.

FIRST BLANK SPACE/PRINTED NAME OF APPLICANT– Print your name here.

SECOND BLANK/PRINTED NAME OF EMPLOYER – DO NOTHING HERE/SKIP DOWN TO SIGNATURE.

(LEFT SIDE)SIGNATURE OF APPLICANT/EMPLOYEE BEFORE NOTARY – DO NOT SIGN OR DATE HERE UNTIL YOU ARE IN FRONT OF THE NOTARY THAT WILL NOTARIZE THIS FORM.

(RIGHT SIDE) SIGNATURE OF EMPLOYER/AGENCY HEAD – NOTHING HERE/LEAVE BLANK.

THE BOTTOM PORTION IS FOR THE NOTARY TO NOTARIZE AND PLACE THE SEAL. APPLICANT DOES NOTHING HERE.

If you have any issues or questions please call 205-943-5329 or email vanderson@childrensaid.org .

Valerie Anderson
Admin Coordinator