VIRGINIA DEPARTMENT OF SOCIAL SERVICES (Model Form)

SWORN STATEMENT OR AFFIRMATION FOR ADULT FACILITY EMPLOYEES

To the Applicant:

Section 63.2-1720 of the Code of Virginia requires that any person desiring work at a licensed assisted living facility or licensed adult day care center provide the hiring facility or center with a sworn disclosure statement or affirmation disclosing any criminal convictions or pending criminal charges, whether within or outside the Commonwealth of Virginia.

The law prohibits licensed assisted living facilities and licensed adult day care centers from hiring any individuals convicted of a barrier crime. However, applicants convicted of one misdemeanor barrier crime not involving abuse or neglect may be hired if five years has elapsed since the conviction.

Any person making a false statement on this form regarding any criminal offense shall be guilty of a Class 1 misdemeanor.

Further dissemination of the background check information provided on this form is prohibited other than to the Commissioner's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

Please Print

 Last Name	First	Middle	Maiden	Social Security Number
Address S	treet/P.O. Box/Apt. #	City	State	Zip Code
birthday that we		juvenile court or u	nder a youth offend	nmitted before your eighteenth ler law? yes no
If yes, explain	ect of any pending crimina			
				nd I agree and understand cause forfeiture on my part

that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment offered by this facility. I understand that all information on this form is subject to verification.

 Applicant's Signature
 Date:

NOTE TO LICENSEE: This form must be retained for all compensated employees.

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