

**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 have 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

1. \_\_\_\_\_  
Last Name                      First                      Middle                      Maiden                      Social Security Number

\_\_\_\_\_  
Address              Street/P.O. Box/Apt. #                      City                      State                      Zip Code

2. Have you ever been convicted of a law violation(s) but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law?    \_\_\_ yes \_\_\_ no

If yes, list all and explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you the subject of any pending criminal charges?    \_\_\_ yes \_\_\_ no

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I hereby affirm that the information provided on this form is true and complete, and I agree and understand 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.**