

**SWORN DISCLOSURE STATEMENT OR AFFIRMATION**

To the Applicant:

Sections 32.1-162.9:1 of the Code of Virginia require that any person desiring work at a licensed home care organization provide the Commissioner's representative with a sworn disclosure or affirmation disclosing (1) whether the applicant has a criminal conviction or is the subject of any pending criminal charges within or outside The Commonwealth of Virginia, and (2) whether the applicant has been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth of Virginia.

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

Further dissemination of the 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.

1. \_\_\_\_\_  
Last Name                      First                      Middle/Maiden                      Social Security Number  
\_\_\_\_\_  
Street/P.O. Box                      City                      State                      Zip Code

2. Have you ever been convicted of a crime within or outside Virginia (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 within or outside Virginia?  
Yes \_\_\_\_ No \_\_\_\_ . If yes, list all and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside Virginia?  
Yes \_\_\_\_ No \_\_\_\_ . If yes, list all and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. 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: \_\_\_\_\_