

**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 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 or continuing to employ any individuals convicted of a barrier crime. However, applicants convicted of one misdemeanor barrier crime not involving abuse or neglect may be hired or continue to be employed if five years have elapsed since the conviction.

Any person making a materially 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.**