

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS
SWORN DISCLOSURE STATEMENT

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 the following: murder or manslaughter, malicious wounding by mob, abduction, abduction for immoral purposes, assaults and bodily woundings, robbery, carjacking, threats of death or bodily injury, felony stalking, sexual assault, arson, drive by shooting, use of a machine gun in a crime of violence, aggressive use of a machine gun, use of a sawed-off shotgun in a crime of violence, pandering, crimes against nature involving children, incest, taking indecent liberties with children, abuse and neglect of children, failure to secure medical attention for an injured child, obscenity offenses, possession of child pornography, electronic facilitation of pornography, abuse and neglect of incapacitated adults, employing or permitting a minor to assist in an act constituting an obscenity or related offense, delivery of drugs to prisoners, escape from jail, felonies by prisoners; or an equivalent offense in another state. 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 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 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, please 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.