

**SWORN STATEMENT OR AFFIRMATION
& CRIMINAL BACKGROUND CHECK AUTHORIZATION**
[Please Print]

Last Name First Middle Maiden Social Security Number

DOB Drivers License Number State Phone Number

Current Address Street, P.O. Box #, Apt. # City State Zip Code

Previous Address (Less than 7 Yrs above) Street, P.O. Box #, Apt. # City State Zip Code

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia? Yes No

If yes to convicted or pending, specify crime(s): _____

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia? Yes (convicted outside Virginia) Yes (pending outside Virginia) No

If yes to convicted or pending, specify crime(s) and state, or other location: _____

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia? Yes (in Virginia) No (in Virginia)

If yes, please explain: _____

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia? Yes (outside Virginia) No (outside Virginia)

If yes, specify state, or other location: _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor and grounds for automatic dismissal.

I also give my consent for [HEALTH-PRO VA Homecare Services Inc.](#) to run random Criminal Background checks of my record prior to, and/or after my employment, or regarding any suspensions or reports that may be brought to the Agency's attention in the future.

Signature

Date