

## Disclosure Statement for Licensed Private Provider Employees

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A criminal history background investigation is required by law (§ 37.2-416 (B,(i)), *Code of Virginia*) on each individual who was not an employee or service provider at the facility prior to July 1, 1999. (Please type or print clearly.)

<b>Licensed Provider Business Name</b>	<b>Licensed Provider Number (3 or 4 digit)</b>
<b>Applicant's Name (Last, First, Middle)</b>	<b>Applicant's Social Security Number</b> <input type="checkbox"/> <b>No SSN #</b>
<b>Applicant's Mailing Address (Street, City, State, Zip)</b>	<b>Applicant's Phone Number (Area Code + Number)</b>
<p><b>In Virginia or any other location:</b>  <b>Have you ever been or are the subject of a founded complaint of child abuse or neglect?</b>  <input type="checkbox"/> <b>No</b>    <input type="checkbox"/> <b>Yes:</b> If yes, please list all cases and explain.</p>	
<p><b>Have you ever been <u>convicted</u>* of or are you the <u>subject of pending charges</u> for <u>any offense</u>, including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law?</b>  <input type="checkbox"/> <b>No</b>    <input type="checkbox"/> <b>Yes:</b> If yes, please list all cases and explain.</p>	
<p><i>Convictions include <u>all</u> adult convictions <u>as well as</u> Virginia juvenile adjudication's for the following, Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.</i></p>	
<p><b>*If convicted of misdemeanor assault &amp; battery, were any of these convictions committed while employed in a direct consumer care position?</b>  <input type="checkbox"/> <b>No</b>    <input type="checkbox"/> <b>Yes</b></p>	
<p>I hereby certify that all entries on this disclosure statement are true and complete. I agree and understand that: (1) any falsification of the information provided, regardless of the time of discovery, may result in termination of my services as an employee; and (2) the information on this disclosure statement is subject to verification.</p>	
<p>_____</p> <p><b>Signature of Applicant</b></p>	<p>_____</p> <p><b>Date</b></p>