

Lyon Home Health Care LLC
4310 Ridgewood Center Drive Woodbridge, VA 22192
O: (703) 897-1271
F: 1(703) 897-1450
lyonhomehealth@hotmail.com

SWORN STATEMENT OR AFFIRMATION

To the Applicant:

Section 32.1-162:9.1 of the Code of Virginia requires that any applicant for employment with a licensed home care organization provide the Commissioner's representative with a Sworn Statement or affirmation disclosing (1) whether the applicant has a criminal conviction or is the subject of any pending criminal conviction or is the subject of any pending criminal charges with 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 materially false statement on this form 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 Name Middle Maiden Social Security Number

Street Name City State Zip Code

2. Have you ever been convicted of a crime within or outside Virginia (but excluding offenses committed before you eighteen 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, please explain

4. Have you ever been the subject of a founder complaint of child abuse or neglect within or outside Virginia?
 Yes No If yes, please explain

5. I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.

Applicant's Signature _____

Date _____