

**DISCLOSURE OF CRIMINAL CONVICTION INFORMATION BY
HOME CARE EMPLOYEES AND APPLICANTS**

Minnesota law requires that we secure the following information from any prospective or current employee who may be involved in duties involving contact with clients in their homes. It is very important that you provide complete and accurate information; failure to do so may bring adverse consequences, including the loss of any employment with this agency.

If you cannot honestly make the statement set forth in Section A below, you must also complete section B. **All persons should complete Section C.**

A. The undersigned hereby certifies that he or she has **not** been charged, convicted of (nor has he or she pled guilty to) any crime, other than a minor traffic violation, in any jurisdiction.

Signature: _____

B. If you have been charged, convicted of (or have pled guilty to) any crimes, other than a minor traffic violation, in any jurisdiction, please provide the following information:

1. Describe the nature of crime (i.e. name the crime for which your were charged and/or convicted and provide a brief summary of the facts in the case:

2. Name the jurisdiction in which and the date on which you were charged and/or convicted:

a:(Jurisdiction) _____

b:(date) _____

3. Describe the penalty imposed, including the time period of the penalty:

4. Name and address of the probation or parole agent, if any: _____

5. The date of release from incarceration, if applicable:

The undersigned hereby certifies that the above information is true and correct in all respects.

Signature _____

C. I hereby authorize all individuals, institutions, and entities with which I have been associated, who have the knowledge concerning information requested in this form, to consult with and release information to the agency, its agents and designees.

I hereby release the agency, its agents and designees, and all other individuals, institutions and entities providing information in accordance with the authorizations contained herein from liability for the acts performed in good faith and without malice in connection with the investigation of this form and the release and exchange of information authorized above. Law shall in addition to any other applicable immunities provide this release for the investigatory activities.

I hereby agree that, as a condition of employment by the agency, I will promptly inform the agency in writing of any criminal convictions, in any jurisdiction (including all pleas of guilty), other than minor traffic offenses, of which I am convicted after today.

Signature _____ **Date** _____

Print Full Name _____ **Date of Birth** _____