 A Brand New Age Home Care

 6103 W. Thompson Street Suite A, Philadelphia, Pa. 19151

 Office: (215-474-3000\* Fax: (215) 476- 3000

 Pennsylvania State Act 169 Employee Agreement and Acknowledgement Form

 **Affidavit for Provisional Hire**

Pennsylvania State Act 169, hereafter referred to as Act 169, requires employers regulated by the Department of Public Welfare to complete criminal history background checks on all prospective employees who may have a direct contact with individuals receiving services. The background check must be submitted to the state police within five working days after the person’s Date of hire Employees with prohibitive offense are precluded from working for employers regulated by the Department of public Welfare. Prohibitive offense include:

 Type of Conviction

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 1 Felony or 2 Misdemeanors

 1 Felony or 2 Misdemeanors

 1 Felony or 2 Misdemeanors

 1 Felony or 2 Misdemeanors

 1 Felony or 2 Misdemeanors

 1 Felony or 2 Misdemeanors

PROHIBITIVE OFFENSE

Criminal Homicide

Murder I

Murder II

Murder III

Voluntary Manslaughter

Involuntary Manslaughter

Causing or Aiding Suicide

Drug Delivery Resulting in Death

Aggravated Assault

Kidnapping

Unlawful Restraint

Rape

Statutory Sexual Assault

Sexual Assault

Aggravated Indecent Assault

Indecent Assault

Indecent Exposure

Arson or Related Offense

Burglary

Robbery

Theft

Theft by unlawful Taking

Theft by Deception

Theft by Extortion

Theft by Property Lost

Receiving Stolen Property

Theft of Service

 1 Felony or 2 Misdemeanors

 1 Felony or 2 Misdemeanors

 1 Felony or 2 Misdemeanors

 1 Felony or 2 Misdemeanors

 1 Felony or 2 Misdemeanors

 1 Felony or 2 Misdemeanors

 1 Felony or 2 Misdemeanors

 1 Felony or 2 Misdemeanors

 1 Felony or 2 Misdemeanors

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Any

 Felony

 Any

 Any

 Any

 Any

 Felony

 Felony

 Felony

 Felony

 Felony

Theft by Failure to Deposit

Unauthorized Use of a Motor Vehicle

Retail Theft

Library Theft

Theft of Trade Secret

Theft of Unpublished Dramas or Musicals

Theft of Leased Properties

Unlawful use of a computer

Forgery

Securing Execution of Documents by Deception

Incest

Concealing Death of a Child

Endangering Welfare of a child

Dealing in Infant Children

Intimidation of Witness or Victim

Retaliation of witness or Victim

Promoting Prostitution

Obscene or other Sexual Materials to Minors

Obscene or Other Sexual Materials

Corruption of Minors

Sexual Abuse of Children

Acquisition of Controlled Substance by Fraud

Delivery by Practitioner

Possession with Intent of Delivery

Illegal Sale of Non-Controlled Substance

Designer Drugs

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ an applicant to A Brand New Age Home Care Inc., have received, read and herby agree that my signature below indicates that I have not committed and /or have been convicted of any of the above prohibitive offense. I future acknowledge that should my criminal background check revel that I have committed and /or been convicted of any of the above listed prohibitive offense, by employment with A Brand New Age Home Care Inc., will terminate immediately.

The older adult Protective Service Act, (Section 10225.02(a) (2) requires all employers residing outside the state of Pennsylvania or who have resided outside the state of Pennsylvania within two years prior to their application, must obtain FBI clearance

Please check the appropriate statement

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am and have been a resident of Pennsylvania for the past two years.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_I am not a resident of Pennsylvania or have lived outside the state of Pennsylvania within the last two years.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE ON DATE OF HIRE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_