



DECLARATION FORM

Employee Name: _____ Date: _____

Declaration of Clear Record:

I hereby declare that I was never held civilly liable for abuse or neglect of an individual with developmental disabilities.

Signed: _____

Records Information Permission Form:

I hereby give Alay Home Care permission to contact outside agencies or organizations to access any necessary information or documentation such as training documentation that may be need in reference to my employment.

Signed: _____

Picture Release Form:

I give permission for photographs or videos to be taken of me during my employment with Alay Home Care. I understand that these pictures or videos may be used for informational or educational brochures, presentations, or other public presentation purposes.

Signed: _____

Clean Driving Record Statement:

I hereby ascertain that I have a driver's license that is valid, and that I have a clean driving record. I will inform Alay Home Care immediately if my driving record is ever compromised. Staff may not transport individuals if they do not have a clean driving record. In addition, I ascertain that I maintain current insurance coverage on the vehicles I drive at all times. I hereby give Alay Home Care permission to conduct a driver's records abstract check at any time.

Signed: _____

Declaration of Education Requirement:

I understand that the education eligibility for a Community Support Staff Position at Alay Home Care requires that at a minimum the staff member has completed their high school education, or its equivalent. I hereby ascertain that I have completed my high school education requirements or its equivalent (GED).

Signed: _____

For Office Use Only

Provided a copy of Diploma: Y N Date Contacted School for Diploma: _____

Verified By: _____ Date: _____