

Provider Agency, AWC, SCO Letterhead

PROVISIONAL EMPLOYMENT DISCLOSURE STATEMENT FOR DIRECT SERVICE PROFESSIONALS (DSPs) DUE TO COVID 19 EMERGENCY

To Ensure Compliance with the Older Adult Protective Services Act

[6 Pa Code Chapter 15 § 15.146. Provisional hiring](#)

Y/N Answer	Attestation
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	I swear/affirm that I am not disqualified from employment under the Older Adult Protective Service Act (OAPSA) . (Section 10225.503. Grounds for denying employment)
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	I swear/affirm that an application in my name for criminal history clearance will be submitted through the Pennsylvania State Police (PSP) and, as required, the Federal Bureau of Investigation (FBI). <i>(A PSP check is required for all employees. An FBI check is required for prospective employees who are not and for the two years immediately preceding the date of application have not been a resident of this Commonwealth.)</i>
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	Once the processing of the applications resumes, I understand and agree to submit an application in my name for a criminal history clearance within five (5) business days. I understand if I do not submit within the above time frame I will be terminated from employment. .
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	I agree to provide a copy of my application(s) for criminal history clearance(s) to my employer.
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	I understand that if my employer does not receive the results of my clearances within the required timeframes (30 days for PA residents or 90 days for non-residents), my employment will be immediately suspended or terminated. <i>(If the lack of a clearance is due to the inability of the State Police or the FBI to provide it timely, my probationary period may be extended until my employer receives the clearance.)</i>
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	I understand that if I fail to submit clearance results to my employer upon receipt, I shall be subject to discipline up to and including termination or denial of employment.
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	I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances.
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	I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code .
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Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____

NOTE that this form is not applicable for staff who serve children.