



CHOSEN FAMILY
Home Care

A circle of support and community

Verification of Employee Pennsylvania Residency

Employee Name: _____ Date: _____

Current Address:

Street address City State Zip Code

CHECK ONE BOX

- I have lived at the above Pennsylvania address for 2 consecutive years or more.
- I have NOT lived in Pennsylvania for the past 2 or more consecutive years and must submit a Pennsylvania Criminal History Report and Federal Criminal History Report to the company.
- I HAVE lived in Pennsylvania for 2 consecutive years or more between my current address AND previous addresses listed below:

1. Prior address

Street address City State Zip Code

I lived at this address from _____ Until _____

2. Prior address

Street address City State Zip Code

By submitting this form, I certify all the information I provided on this application is complete, accurate, true and correct. I make this declaration subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Signature _____ Date : _____