

# Procare Healthcare, Inc

77 Wellsley Way: Dallas GA 30132

## Certificate of Abuse Statement

**Employee Name:** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_

**Job Designation:** \_\_\_\_\_

I certify that I have never been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employers Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**