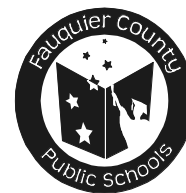




FAUQUIER COUNTY DEPARTMENT OF HUMAN RESOURCES
JANELLE DOWNES, DIRECTOR



320 HOSPITAL DRIVE, SUITE 34 • WARRENTON, VA 20186
 (540) 422-8300 • FAX (540) 422-8315

Welcome to Fauquier County Public Schools!

Please refer to the following checklist when completing your substitute packet. You will need to submit a complete packet (including this checklist) before proceeding to the fingerprint process. In order to become an active substitute with Fauquier County Public Schools all packets must be returned to the Department of Human Resources located at 320 Hospital Drive, Suite 34, Warrenton, VA 20186; Monday through Friday, 8:30am to 4:00pm..

- Online Application Submitted**
Please see submission timeframes below.
- Benefit Eligibility Letter**
- Pre-Employment Statement**
- Employment Eligibility Verification (Form I-9)**
Complete Section 1 ONLY. Sections 2 and 3 to be completed by Human Resources Personnel ONLY.
- Required Original Identification for I-9**
Refer to *List of Acceptable Documents* located on the back of the I-9 form.
- Federal Tax Form (W-4)**
- State Tax Form (VA-4)**
- Direct Deposit Form**
Submit with either voided check or deposit slip or you may have the bank verification
- Request for Disclosure of Court-Ordered Withholding of Child or Spousal Support From Employee's Income**
- Notification of Condition of Employment Authorization to Release Personal Information & Background Check Notice**
- \$35.00 Check/Money Order for fingerprint and CPS (background checks)**
Made payable to Treasurer, Fauquier County.
- Child Abuse and Neglect: Recognizing, Reporting, and Responding for Educators – Certificate of Completion** This training is free online at http://www.dss.virginia.gov/family/cps/mandated_reporters/cwse5691/story_html5.html. When you complete the training, you will be emailed a certificate of completion.
- Criminal Charge Filed Against Employee: Notification of Superintendent and School Board Form**
- Information to Complete the Virginia Department of Social Services/Child Protective Services Central Registry Release of Information Form (form will be completed at Human Resources)**
 - Address Information over the past TEN years – if you have lived at your current address for 10 or more years, you do not need to provide any other addresses
 - Spouse Information – your current spouse and previous spouse(s) full middle name, maiden name (if applicable), and birth date information
 - Child Information – your child's (or children's) full middle name and birth date
- A Tuberculosis (TB) test** must be completed and the results included with your paperwork packet. TB tests can be completed at the Fauquier County Health Department at 330 Hospital Drive, Warrenton, VA 20186. You can also complete the TB test at your regular doctor's office. A screening from a licensed physician or clinic completed within the past twelve months will satisfy the TB screening requirements.
- Official Transcripts** are required in order to sub for a teacher and/or librarian. Minimum educational requirements will be 48 semester credit hours from an accredited institution.
- Three references letters/forms are required.**



FAUQUIER COUNTY
HUMAN RESOURCES DEPARTMENT
County Government & Public Schools
320 Hospital Drive, Suite 34
Warrenton, Virginia 20186
(540) 422-8300 Fax: (540) 422-8315



Date:

Name:

Address:

City, State

Zip

Re: Your Eligibility for Health Benefits as a New Hire

Good day,

Welcome to Fauquier County Public Schools! We are excited to have you onboard. To help you become familiar with our benefits during this orientation process, we would like to provide a brief explanation about your eligibility for health insurance.

Your position as a _____ does not qualify you for health insurance benefits.

To qualify for health insurance benefits, you must work at least 20 hours per week, and your position is classified as a “permanent” position. You must elect coverage, pay your share of premiums, and continue to be an employee during this period in order to maintain coverage.

For those who qualify, elections must be made within 60 days of your hire date. Your enrollment date will be the first of the month following hire date. For your enrollment you will need social security numbers and dates of birth for all dependents as well as supporting documentation for dependent eligibility (i.e. marriage certificate, birth certificate, tax return).

If elections are not made within 60 days of your hire date, the next opportunity to enroll in health insurance would be:

- 1) If you had an IRS designated qualifying life event, i.e. birth of a child, marriage, loss of coverage, or
- 2) During our open enrollment period each Spring for an effective day of July 1 of that year.

If you do not work at least 20 hours per week, or your position is classified as “temporary”, you will not be eligible for health benefits, unless you have a change in employment status that makes you eligible.

Should you have any questions, please contact Trisha Space at 540-422-8321. Thank you.



FAUQUIER COUNTY
HUMAN RESOURCES DEPARTMENT
County Government & Public Schools



320 Hospital Drive, Suite 34
Warrenton, Virginia 20186
(540) 422-8300 Fax: (540) 422-8316

PRE-EMPLOYMENT STATEMENT

Please read and sign the statement below.

By my signature below, I certify that I have not withheld any information requested and that all statements I have made are true and correct, to the best of my knowledge. I understand that any misrepresentation of the facts or omission of facts on this application is sufficient cause for dismissal. I also authorize Fauquier County Government/Public Schools to verify statements made on this application by investigation as deemed advisable.

I further understand that any offer of employment I may receive from Fauquier County Government/Public Schools is contingent upon my successful completion of the total pre-employment screening process which may include such investigations as criminal or civil convictions, driving records, finger-printing, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I agree to cooperate fully with such investigations. I also understand that direct deposit of employee pay is a condition of employment.

I waive my right of access to any personal or professional reference information that may be obtained as a result of this application. I, without limitation, hereby release Fauquier County Government/Public Schools and the reference source from any liability in connection with its release or use in connection with my application. This release includes the sources cited above and specifically information from: local, state, and federal law enforcement records, Central Criminal Records Exchange, Federal Bureau of Investigations, Child Abuse and Neglect Information System, federal, state, or local social services or child welfare agencies with information regarding child abuse or neglect, sexual molestation, or rape of a child. I understand that failure to cooperate with an investigation of my background, conducted according to Virginia law, may affect the consideration of my application.

I understand that any offer of employment is contingent on my providing documents and signing forms that demonstrate and certify my eligibility to work in the United State in compliance with the Immigration Reform and Control Act of 1986.

In addition, I further understand that nothing contained in this employment application or in Fauquier County Government/Public Schools Human Resources Policies or in the granting of an interview is intended to create an employment contract between the Fauquier County Government/Public Schools and me for either employment or the providing of any benefit. No promises regarding employment have been made to me.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

The Fauquier County Government and Public Schools is an Equal Opportunity Employer and does not discriminate against employees or applicants for employment on the basis of race, color, religion, sex, national origin, citizenship, age, handicap or disability, marital status, sexual orientation, or status as a Vietnam era or special disabled veteran, in accordance with applicable federal, state, and local laws.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin:0;">2019</h1>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment
		10 Employer identification number (EIN)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	D	_____
E	<p>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	<p>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F	_____
G	<p>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F</p>	G	_____
H	Add lines A through G and enter the total here	H	_____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name	
Street Address		
City	State	Zip Code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here)

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.

PLEASE SUBMIT COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT

FAUQUIER COUNTY GOVERNMENT & PUBLIC SCHOOLS
DEPARTMENT OF HUMAN RESOURCES

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

(Please type or print in ink)

Employee Name	Employee Number	
Department or School	Work Phone	Home Phone

Account Information (If more than two accounts are requested, please complete additional forms as necessary.)

<i>Circle One:</i> <i>ADD</i> <i>CHANGE</i> <i>DELETE</i>
Account # _____ Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Transit/ABA Routing # _____
Bank Name _____
Bank Location (City, State) _____
Amount to Deposit : Net Amount <input type="checkbox"/> Specific Amount \$ _____

<i>Circle One:</i> <i>ADD</i> <i>CHANGE</i> <i>DELETE</i>
Account # _____ Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Transit/ABA Routing # _____
Bank Name _____
Bank Location (City, State) _____
Amount to Deposit : Net Amount <input type="checkbox"/> Specific Amount \$ _____

I hereby authorize the County of Fauquier, Virginia to initiate credit entries to my account(s) indicated above, and if necessary, debit entries to my account(s) to correct any credit entries made to my account in error.

Employee Signature

Date

Please attach a voided blank check or savings account deposit slip for account validation.

Note: If you do not have a deposit slip or void check for one of your accounts, please have your financial institution certify your account below. Use a separate direct deposit form if an additional financial certification is needed.

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above named payee and the account number. As a representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

Signature of Bank Representative

Date

Telephone Number

FAUQUIER COUNTY GOVERNMENT & PUBLIC SCHOOLS

**Request for Disclosure of Court-Ordered Withholding of Child or Spousal Support
From Employee's Income**

To All New Employees Hired On or After July 1, 1993

State law directs the Fauquier County Government/Public School System, as your employer, to request that you disclose whether or not there exists any order which has been issued by a court and which provides for the withholding of child or spousal support from your income.

Your disclosure of such information in response to this request is voluntary.

If you fail to disclose the information, the Fauquier County Government/Public School System could be hindered in its ability to comply with court-ordered child or spousal support withholding.

Should you disclose the existence of a court order for the withholding of child or spousal support from your income, you will be required to furnish a certified copy of the order to the Fauquier County Government/Public School System. The Fauquier County Government/Public School System will begin withholding in accordance with the terms of the order.

Your response to this request, and any information provided by you in response to this request, will be retained in your Official Personnel File and will not be divulged except to the extent necessary for the administration of the child support enforcement program or for another proper purpose as authorized by law.

I have been requested by Fauquier County Government/Public School System to disclose whether or not there exists an income withholding order for child or spousal support.

Please check one of the following:

- There is no income withholding order that I wish to disclose.
- I wish to disclose that an income withholding order is currently in effect, and I agree to furnish the Fauquier County Government with a certified copy of that order so that Fauquier County Government can begin withholding child and /or spousal support in accordance with the terms of that order.

Employee Signature: _____

Date: _____



FAUQUIER COUNTY
HUMAN RESOURCES DEPARTMENT
 County Government & Public Schools



320 Hospital Drive, Suite 34
 Warrenton, Virginia 20186
 (540) 422-8300 Fax: (540) 422-8316

Notification of Condition of Employment
Authorization to Release Personal Information & Background Check Notice

Fauquier County Public Schools, in accordance with the Code of Virginia (Section 22.1-296.2) requires a criminal history background check of all new employees. This background check includes the submission of fingerprints to both the FBI and Virginia State Police and the completion of a Child Protective Services Central Registry Search. The application you signed prior to employment provides more detail regarding the background investigation.

Instructions: Complete all sections. Data provided on this form will be kept confidential. Information such as race, sex, birth date, etc. is required by the school system, the Commonwealth of Virginia, and/or the United States Government for background check and/or statistical purposes only. **Please print.**

Last Name		First Name		Full Middle
Social Security Number		Birth Date	Birth State	Birth Country
Aliases (includes nicknames, maiden names, and prior married names)				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> A—Asian/Pacific Islander —All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Island subcontinent, or the Pacific Islands. The areas include, for example, China, Japan, Korea, India, the Philippine Islands, and Samoa. <input type="checkbox"/> B—Black —All persons having origins in any of the black racial groups of Africa <input type="checkbox"/> I—American Indian/Alaskan Native —All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition <input type="checkbox"/> W—White —All persons having origins in any of the original people of Europe, North Africa, or the Middle East				
Eye Color: <input type="checkbox"/> BLK-Black <input type="checkbox"/> BLU-Blue <input type="checkbox"/> BRO-Brown <input type="checkbox"/> GRY-Gray <input type="checkbox"/> GRN-Green <input type="checkbox"/> HAZ-Hazel <input type="checkbox"/> MAR-Maroon <input type="checkbox"/> PNK-Pink <input type="checkbox"/> MUL-Multicolored <input type="checkbox"/> XXX-Unk.				
Hair Color: <input type="checkbox"/> BAL-Bald <input type="checkbox"/> BLK-Black <input type="checkbox"/> BLN-Blond/Strawberry <input type="checkbox"/> BLU-Blue <input type="checkbox"/> BRO-Brown <input type="checkbox"/> GRN-Green <input type="checkbox"/> GRY-Gray <input type="checkbox"/> ONG-Orange <input type="checkbox"/> PNK-Pink <input type="checkbox"/> PLE-Purple <input type="checkbox"/> RED-Red/Auburn <input type="checkbox"/> SDY-Sandy <input type="checkbox"/> WHI-White <input type="checkbox"/> XXX-Unknown				
Height	Weight (pounds)	Home Telephone Number ()		
Address: Number & Street		City	State	ZIP Code

Some additional points of information:

All new Public School employees-full-time, part-time, or substitute, and selected other non-employees who have the potential for student contact, are required to have a criminal history and child protective services background check.

Results will be sent back to Human Resources upon completion of the checks and are not provided to the person being checked unless employment/student contact is denied due to a conviction record. If a conviction record exists, decisions regarding continued employment/student contact will be made by the Superintendent of Schools or designee.

If you have any questions regarding the background check process, please contact the Human Resources Department at (540) 444/: 522.

I hereby authorize the release of personal information to Fauquier County Public Schools for the purpose of an investigation of my background and qualifications for employment/student contact. Such information may include, but is not limited to job performance, attendance, eligibility for re-employment with a former employer, reasons for termination of previous employment, criminal record, conduct, and character. I hereby waive my right to access to any such information and without limitation, release Fauquier County Public Schools, and any source of such information from any liability in connection with its release or use.

In addition, as a condition of my employment/eligibility for student contact, I understand that I must submit to fingerprinting and a child abuse and neglect registry check, and provide the personal descriptive information necessary to conduct these checks. The information and my fingerprints will be forwarded through the Central Records Exchange to the Federal Bureau of Investigation (FBI) and the Virginia State Police (VSP) for the purpose of obtaining a criminal history report. There are times when readable prints are not obtained for various reasons, and I understand that I have a responsibility to continue to submit fingerprints until they are accepted by the FBI and VSP. I understand that failure to comply with the above requirements can affect my employment with Fauquier County Public Schools until such time as I submit to fingerprinting as required by the Code of Virginia.

My signature below indicates that I have read and understand the contents of this document and that all information given on this form is complete and true.

Signature: _____

Date: _____

For Office Use Only

Permanent Employee Temporary Employee Substitute

Location: _____

Charter Bus Driver Company: _____

8/24/2010



FAUQUIER COUNTY DEPARTMENT OF HUMAN RESOURCES
JANELLE DOWNES, DIRECTOR



320 HOSPITAL DRIVE, SUITE 34 • WARRENTON, VA 20186
(540) 422-8300 • FAX (540) 422-8316

Please read the information below and on the reverse side of this page, then sign acknowledging that you understand and will abide by these requirements.

**Criminal Charge Filed Against Employee:
Notification of Superintendent and School Board**

A. Employee Notification to Superintendent

When any teacher or other public school employee of this division, whether full-time or part-time, permanent, or temporary, has been charged by summons, warrant, indictment or information with the commission of a felony; a misdemeanor involving (i) sexual assault as defined in §18.2-61 *et seq.* of the Code of Virginia; (ii) obscenity and related offenses as defined in §18.2-372 *et seq.* of the Code of Virginia; (iii) drug related offenses including but not limited to possession of marijuana or of drug paraphernalia or as defined in §18.2-247 *et seq.* of the Code of Virginia; (iv) moral turpitude; (v) the physical or sexual abuse or neglect of a child; public drunkenness, driving under the influence of alcohol or drugs, reckless driving or disturbing the peace; or an equivalent offense in another state, that employee shall notify the Superintendent of the charge.

The notification of the Superintendent shall be in writing and shall be accompanied by the name and address of the complainant date of the alleged offense and a copy of the summons, warrant, indictment, information or other document served upon the employee notifying the employee of the charge. The written notification to the Superintendent from the employee shall be delivered to the Superintendent as soon as practical, and in no event later than the first working day following the service of the summons, warrant, indictment or information upon the employee. Failure of the employee to give the Superintendent written notice, as set forth above, may be cause for termination of the employee.

B. Superintendent Notification to School Board and Commonwealth Attorney

The Superintendent shall inform the School Board and Commonwealth Attorney in writing of any notification of the arrest of a School Board employee, which is provided by the employee pursuant to Section A above or which is provided to the Superintendent by a state official or agency or a local law-enforcement agency pursuant to §19.2-83.1 of the Code of Virginia.

C. Federal Bureau of Investigation Background Check

The School Board shall require any employee identified (other than those charged with public drunkenness, driving under the influence of alcohol, reckless driving, or disturbing the peace) or pursuant to §19.2-83.1 of the Code of Virginia to submit to a Federal Bureau of Investigation (FBI) background investigation.

The Superintendent shall develop a procedure to ensure that all employees identified pursuant to this policy undergo an FBI background check as required by §22.1-296.2(B) of the Code of Virginia.

Employees who fail to comply with these requirements will be recommended for dismissal.

Legal Reference: Code of Va., §19.2-83.1, 22.1-296.2 (B) and 22.1-315

By my signature below, I have read, understand, and will abide by the *Criminal Charge Filed Against Employee: Notification of Superintendent and School Board* requirements above. I understand that failure to comply with these requirements will result in recommendation for my dismissal.

Signature _____

Date _____



Fauquier County Public Schools
Department of Human Resources
320 Hospital Drive, Suite 34
Warrenton, VA 20186
Phone: (540) 422-8300 Fax: (540) 422-8315

REFERENCE FORM

The applicant listed below is formally applying for a position in the Fauquier County Public Schools System. As a part of our employee selection process, **we request each applicant forward a copy of this reference form to three persons** who are uniquely familiar with his/her ability, potential, and/or past performance. Your prompt attention in completing the items below and returning the form to us will be greatly appreciated. Your reply will be considered strictly confidential.

NAME OF APPLICANT (PLEASE PRINT) _____

POSITION APPLICANT IS APPLYING FOR _____

NAME & TITLE OF REFERENCE _____

ADDRESS OF REFERENCE _____

PHONE # OF REFERENCE _____

TO APPLICANT: Many people will not complete references unless confidentiality can be assured. If you wish this reference to be confidential please sign and date the waiver of access below. All applicants and accompanying records become the property of the district and are not available to candidates.
 WAIVER OF ACCESS: I, the undersigned, waive any right of access to this reference.
 Signature _____
 Date _____

Please record in the boxes below: a number from the following scale which describes your comparison of the above named applicant with persons you have known with comparable years of experience.

1. OUTSTANDING 2. ABOVE AVERAGE 3. AVERAGE 4. BELOW AVERAGE 5. UNKNOWN

Professional Attitude	Creativity
Maturity	Ability to assess pupils needs
Loyalty	Ability to plan instructional experiences
Enthusiasm	Ability to implement planned instruction
Dependability of judgment	Ability to evaluate pupil progress
Promptness	Ability to develop learning environment
Attendance	Ability to relate to pupils
General cultural awareness	Ability to relate to co-workers
Efficiency in routine matters	Ability to work independently
Flexibility	Ability to maintain class control

1. How long and in what capacity have you known the applicant? _____
2. What subject area(s)/grade level(s) did applicant teach? _____
3. Is this applicant open-minded and receptive to suggestions? _____
4. Would you employ or re-employ this applicant? _____
5. Has the applicant demonstrated an ability to communicate effectively with parents? _____
6. Would you prefer talking with us by telephone? _____
7. Please include any additional comments that might aid us in the overall evaluation of this applicant.

Signature of Person Completing Form _____
 Date _____



Fauquier County Public Schools
Department of Human Resources
320 Hospital Drive, Suite 34
Warrenton, VA 20186
Phone: (540) 422-8300 Fax: (540) 422-8315

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Enthusiasm	Ability to implement planned instruction
Dependability of judgment	Ability to evaluate pupil progress
Promptness	Ability to develop learning environment
Attendance	Ability to relate to pupils
General cultural awareness	Ability to relate to co-workers
Efficiency in routine matters	Ability to work independently
Flexibility	Ability to maintain class control

1. How long and in what capacity have you known the applicant? _____
2. What subject area(s)/grade level(s) did applicant teach? _____
3. Is this applicant open-minded and receptive to suggestions? _____
4. Would you employ or re-employ this applicant? _____
5. Has the applicant demonstrated an ability to communicate effectively with parents? _____
6. Would you prefer talking with us by telephone? _____
7. Please include any additional comments that might aid us in the overall evaluation of this applicant.

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 Signature _____
 Date _____

Please record in the boxes below: a number from the following scale which describes your comparison of the above named applicant with persons you have known with comparable years of experience.

1. OUTSTANDING 2. ABOVE AVERAGE 3. AVERAGE 4. BELOW AVERAGE 5. UNKNOWN

Professional Attitude		Creativity	
Maturity		Ability to assess pupils needs	
Loyalty		Ability to plan instructional experiences	
Enthusiasm		Ability to implement planned instruction	
Dependability of judgment		Ability to evaluate pupil progress	
Promptness		Ability to develop learning environment	
Attendance		Ability to relate to pupils	
General cultural awareness		Ability to relate to co-workers	
Efficiency in routine matters		Ability to work independently	
Flexibility		Ability to maintain class control	

1. How long and in what capacity have you known the applicant? _____
2. What subject area(s)/grade level(s) did applicant teach? _____
3. Is this applicant open-minded and receptive to suggestions? _____
4. Would you employ or re-employ this applicant? _____
5. Has the applicant demonstrated an ability to communicate effectively with parents? _____
6. Would you prefer talking with us by telephone? _____
7. Please include any additional comments that might aid us in the overall evaluation of this applicant.

Signature of Person Completing Form _____
 Date _____