



**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](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: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          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)
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**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.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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)
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**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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**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.**



# Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

**2020**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may 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
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 are not required to provide the information requested on a form that is 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.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

# 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.

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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.**

<b>Last Name</b>		<b>First Name</b>		<b>Full Middle</b>
<b>Social Security Number</b>		<b>Birth Date</b>	<b>Birth State</b>	<b>Birth Country</b>
<b>Aliases (includes nicknames, maiden names, and prior married names)</b>				<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Race:</b> <input type="checkbox"/> <b>A—Asian/Pacific Islander</b> —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>B—Black</b> —All persons having origins in any of the black racial groups of Africa <input type="checkbox"/> <b>I—American Indian/Alaskan Native</b> —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"/> <b>W—White</b> —All persons having origins in any of the original people of Europe, North Africa, or the Middle East				
<b>Eye Color:</b> <input type="checkbox"/> <b>BLK-Black</b> <input type="checkbox"/> <b>BLU-Blue</b> <input type="checkbox"/> <b>BRO-Brown</b> <input type="checkbox"/> <b>GRY-Gray</b> <input type="checkbox"/> <b>GRN-Green</b> <input type="checkbox"/> <b>HAZ-Hazel</b> <input type="checkbox"/> <b>MAR-Maroon</b> <input type="checkbox"/> <b>PNK-Pink</b> <input type="checkbox"/> <b>MUL-Multicolored</b> <input type="checkbox"/> <b>XXX-Unk.</b>				
<b>Hair Color:</b> <input type="checkbox"/> <b>BAL-Bald</b> <input type="checkbox"/> <b>BLK-Black</b> <input type="checkbox"/> <b>BLN-Blond/Strawberry</b> <input type="checkbox"/> <b>BLU-Blue</b> <input type="checkbox"/> <b>BRO-Brown</b> <input type="checkbox"/> <b>GRN-Green</b> <input type="checkbox"/> <b>GRY-Gray</b> <input type="checkbox"/> <b>ONG-Orange</b> <input type="checkbox"/> <b>PNK-Pink</b> <input type="checkbox"/> <b>PLE-Purple</b> <input type="checkbox"/> <b>RED-Red/Auburn</b> <input type="checkbox"/> <b>SDY-Sandy</b> <input type="checkbox"/> <b>WHI-White</b> <input type="checkbox"/> <b>XXX-Unknown</b>				
<b>Height</b>	<b>Weight (pounds)</b>	<b>Home Telephone Number</b> (      )		
<b>Address: Number &amp; Street</b>		<b>City</b>	<b>State</b>	<b>ZIP Code</b>

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.

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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 \_\_\_\_\_



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