



Department of Human Resources
401 McIntire Road, Room 125
Charlottesville, Virginia 22902-4596
Phone: (434) 296-5827 Email: hr@k12albemarle.org
www.k12albemarle.org/hr

Welcome to Albemarle County Public Schools!

Within this packet you will find the required background check forms for working with our School Division. This includes a **CPS Search form**, **CPS Out of State Search form**, and a **Fingerprint Consent form**. In addition to filling these forms out, you will also need to schedule an appointment to submit your fingerprints and wet-ink sign your forms, as well as submit proof of negative TB results. Filling these forms out ahead of time will make your appointment move swiftly and efficiently! We will have the completed documents printed and prepared for you at your appointment.

Once you have finished the documents in this packet, [schedule your in-person appointment](#) with us.

At this appointment, you will:

- (1) sign your CPS Search Form,
- (2) complete your fingerprints with us, and
- (3) complete any additional Out of State CPS searches that you may require.
- (4) submit negative TB test results (information for obtaining this is attached)

***Please be sure to bring a **Government issued photo ID** with you to this appointment.*

Should you have any questions, we're here to answer them. We are best reached via email at

HR@k12albemarle.org or by calling us at (434) 296-5827 (option 7).

We will see you at your in-person HR appointment!

Search Fee \$10.00

Purpose of Search, Check one: Adam Walsh Law Adoptive Parent Babysitter/Family Day Care
 CASA Children’s Residential Facility Custody Evaluation Day Care Center Foster Parent
 Institutional Employee Other Employment School Personnel Volunteer Other

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name			Payment/FIPS Code (Use only if assigned by OBI-CRU)		
Address					
City	State	Zip			
Contact Name	Tel.#	Ext			
Contact E-Mail	Mandatory if agency code has been assigned				

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

Last Name	First Name	Full Middle Name – (given at birth) - No initials (if middle name is an initial, indicate "Initial Only")			
Maiden Name (last name before marriage)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Race		
Driver’s License Number or ID #	Social Security Number	Other names used; nicknames, legal names (refer to instruction page)			
Current Address (Include Street # and Apt #)	City	State	Zip		

Applicant’s Prior Addresses

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

Marital Status Single Married Divorced Widowed Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name (given at birth)	Relationship	Sex	Date of Birth (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	





Full Legal Name: _____

Criminal History Eligibility Background Questionnaire

Thank you for your interest in working for Albemarle County Public Schools! In accordance with [Virginia Code §22.1-296.2](#), it is the [policy of the Albemarle County School Board](#) ("School Board") not to employ or to continue the employment of any employee who may be deemed unsuited for service by reason of arrest and/or criminal conviction or information appearing in the registry of founded complaints of child abuse and neglect maintained by the Department of Social Services.

I understand the following:

- Albemarle County Public Schools will perform a background investigation to confirm my eligibility for employment.
- Albemarle County Public Schools may deny access to results until completion of the investigation.
- Filling out this form indicates consent to the conditions set forth by Albemarle County Public Schools and the Code of Virginia.
- Filling out this form indicates consent to fingerprinting and the subsequent FBI criminal history search.

I have the right to:

- obtain a copy of the report,
- challenge the accuracy and completeness of any information contained,
- obtain a prompt determination as to the validity of such challenge before a final determination is made.

I hereby authorize:

- the release of the information related to this investigation,
- the release from liability of all individuals and organizations who provide information to Albemarle County Public Schools concerning my professional competence, ethics, character, criminal record (if any), or qualifications.

Please list ALL past convictions, regardless of whether you entered a plea (e.g., guilty plea, Alford plea, no contest, etc.) or went to trial, regardless of the penalty (e.g., jail, prison, community service, fines, probation, suspended sentence, reduced sentence, etc.), and regardless of the date of the offense.

You are not required to list

- convictions that have been legally sealed or expunged,
- convictions that are otherwise not open for public inspection,
- arrests that are no longer pending and did not lead to conviction.

Please answer the following questions:

1. Have you, in the last 36 months, been convicted of a traffic infraction (i.e. moving violations)?
 Yes No

2. Have you EVER been convicted of a misdemeanor?
 Yes No

3. Have you EVER been convicted of a felony?
 Yes No

- 4. Have you EVER been convicted of any crime of moral turpitude?
Yes No

- 5. Have you EVER been convicted of any offense involving sexual molestation, physical, or sexual abuse or rape of a child?
Yes No

- 6. Have you EVER been the subject of a founded case of child abuse and/or neglect by a Department of Social Services/Child Protective Services Unit?
Yes No

- 7. Are you now a defendant for a criminal offense?
Yes No

If you answered "YES" to any of the above questions, please explain below indicating date(s) and location(s). Convictions or charges will not automatically disqualify you from employment.

Including the following information:

- The charge, and whether a misdemeanor or felony
- Details: what happened
- Date(s) of Conviction
- Additional Information: steps you may have taken since the incident, etc.

If information from this form does not match the background check results, we will ask further questions and may construe this as a lack of candor. We will use conviction information, including the nature of the incident, how long ago it occurred, and the nature of the job to evaluate whether the specific criminal record should disqualify an applicant from a job.

If employed by Albemarle County Public Schools, I understand that I must report within one business day, any **ARRESTS** as well as **CONVICTIONS** that occur during my time of service (the includes instances occurring during school and summer breaks if you will be returning to work when back in session).

By signing this document, I authorize Albemarle County Public Schools to conduct a background investigation and agree to comply with policies set forth by the School Board. I certify that the information provided on this form is accurate, and I understand that any information falsely provided will be sufficient grounds for disqualification from recruitment or immediate termination.

Signature

Date

Print Full Name

Social Security Number

Department or School

Position/Job Title

Please complete the following:

Sex

Weight

Date of Birth

Race

Eye Color

Birth State

Height

Hair Color

Birth Country

HR USE ONLY

Date fingerprints taken: _____

Eligible for hire? _____

HR Rep. Initials: _____

Date: _____

VELOCITY URGENT CARE

IN PARTNERSHIP WITH  SENTARA®

Contact Practice Manager for assistance in scheduling your employees visit

Authorization for Examination or Treatment – Please print clearly and complete form in its entirety. This form should be completed by the Designated Employee Representative or HR, it should be hand carried by the employee and presented at the time of visit. **Employee should present with Valid Picture ID**

VELO - ALBEMARLE COUNTY PUBLIC SCHOOLS

Acct# 9004120

Employee Name _____	DOB _____	Phone _____
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ATTENTION EMPLOYER

PLEASE SELECT FROM BELOW SERVICES

if the service you are needing is not listed, please contact [Pam Boyd pboyd@velocityuc.com](mailto:pboyd@velocityuc.com) before sending your employee

Protocol	Description	Protocol	Description
BUS DRIVER EXAM - NEW	BUS DRIVER EXAM - NEW	TITER HCV ANTIBODY	TITER HCV ANTIBODY
PRE-EMP WORK RELATED MED EXAM	PRE-EMP WORK RELATED MED EXAM	TITER HEPATITIS A	TITER HEPATITIS A
RESPIRATOR CLEARANCE EXAM	RESPIRATOR CLEARANCE EXAM	TITER HEPATITIS B	TITER HEPATITIS B
DOT PHYSICAL	DOT PHYSICAL	TITER MMR	TITER MMR
		TITER VARICELLA	TITER VARICELLA
AUDIOMETRY	AUDIOMETRY	VACCINE - TDAP	VACCINE - TETANUS/DIPHTHERIA/PERTUSSIS
CHEST XRAY 1 VIEW PA	CHEST XRAY 1 VIEW PA	VACCINE FLU	VACCINE FLU
CHEST XRAY 2 VIEWS	CHEST XRAY 2 VIEWS	VACCINE HEPATITIS A	VACCINE HEPATITIS A
CHEST XRAY B READ	CHEST XRAY B READ	VACCINE HEPATITIS B	VACCINE HEPATITIS B
ELECTROCARDIOGRAM	ELECTROCARDIOGRAM	VACCINE MMR	VACCINE MMR
PFT/SPIROMETRY	PFT/SPIROMETRY	VACCINE TETANUS/DIPHTHERIA - TD	VACCINE TETANUS/DIPHTHERIA - TD
RESPIRATOR FIT TEST	RESPIRATOR FIT TEST - BRING MASK	VACCINE VARICELLA	VACCINE VARICELLA
BASIC METABOLIC PANEL(BMP)	BASIC METABOLIC PANEL(BMP)		
BLOOD GLUCOSE	BLOOD GLUCOSE	HAIR DRUG SCREEN 5 PANEL	HAIR DRUG SCREEN 5 PANEL
CBC W/ DIFFERENTIAL	CBC	SALIVA (ORAL FLUIDS) DRUG SCR	SALIVA (ORAL FLUIDS) DRUG SCR
CMP	COMPREHENSIVE METABOLIC PANEL	RAPID URINE DRUG SCR 5 PANEL	RAPID URINE DRUG SCR 5 PANEL
COVID PCR LAB	COVID PCR LAB	RAPID URINE DRUG SCR 11 PANEL	RAPID URINE DRUG SCR 11 PANEL
COVID RAPID	COVID RAPID	DOT URINE DRUG SCREEN	DOT URINE DRUG SCREEN W/ MRO REVIEW
HBA1C	HEMOGLOBIN A1C	NON-DOT DRUG SCREEN 5 PANEL	NON-DOT DRUG SCREEN W/ MRO REVIEW
HEAVY METALS PROFILE	HEAVY METALS CADMIUM, ARSENIC, LEAD, MERCURY)	BREATH ALCOHOL TEST - DOT	BREATH ALCOHOL TEST
HIV-1 AG W/HIV-1 HIV-2 AB	HIV LABS	BREATH ALCOHOL TEST-NON-DOT	BREATH ALCOHOL TEST NON-DOT
LIPID PANEL	LIPID PANEL		
PROSTATE SPECIFIC AG	PSA		
PROTOPHOPHYRINS, RBC QUANT Z	PROTOPHOPHYRINS, RBC QUANT ZP		
QUANTIFERON TB BLOOD TEST	QUANTIFERON TB BLOOD TEST		
TB RISK ASSESSMENT QUESTIONNAI	TB RISK ASSESSMENT QUESTIONNAIRE	WC NEW	WC NEW
TB SKIN TEST	TB SKIN TEST	WC RECHECK	WC RECHECK

Results will be sent to through Employer Portal unless indicated below:

Billing Information Employer / Company to Pay Charges

AUTHORIZED BY Michelle Bailey, RN
 Title/Email HR Program Manager, Safety & Wellness
 Phone Number 434-296-5827, ext. 13941
 Date _____