

## ATTENTION NEW APPLICANTS

You will find enclosed the following documents:

- **Employment Application:** Please read, *complete in full* and sign.
- **Virginia Department of Social Services/Child Protective Services Request for Search of the Central Registry and Release Information Form:** Please complete Part 2 IN FULL. The form will be returned if every item is not checked. You must and sign in front of a notary. **DO NOT SIGN UNTIL YOU ARE IN FRONT OF A NOTARY.**
- **Finger Print Card: If you are downloading this employment package from our website, you will need to call Karen Whorley, Office Manager, to request a finger print card be mailed to you.** Please complete all checked areas on the Finger Print card, You will need to contact your local law enforcement agency to arrange a time to be finger printed. Once you have been finger printed by the law enforcement agency you must return the documents to Karen Farrar-Whorley at the Discovery School of Virginia. **These finger prints must be returned immediately so that we can forward to the FBI for processing. This takes approximately 2 weeks and you CANNOT START EMPLOYMENT UNTIL THE CARDS ARE SENT TO THE FBI, PROCESSED BY THE FBI/STATE POLICE AND APPROVAL SENT OUR OFFICE. DO NOT BEND OR FOLD THE FINGERPRINT CARD.** An envelope is enclosed for returning all documents. If there is a charge for the fingerprints, please return receipt for reimbursement.
- **Request for Criminal Background Investigation:** Complete and sign where indicated on the back of the form. This form must accompany the finger print card to the FBI for processing.
- **Authority for Release of Information:** This form must be completed and signed as it is attached to the Fingerprint cards and Request for Criminal Background Investigation.
- **TB Risk Assessment Form (TB 512) :** Please take this form to your local physician or Health Department for assessment and completion. In the event that the screening indicates that you need the actual TB skin test, this will take 48 hours and **YOU CANNOT START EMPLOYMENT UNTIL THE DOCUMENTED RESULTS ARE RECEIVED IN OUR OFFICE.**
- **Employee Notification of Hepatitis Vaccine Availability:** Complete and sign where indicated.
- **Copy of Driver's License and Social Security Card:** Please return a copy of both with this package.
- **Copy of College Diploma and/or College transcripts :** Please return a copy with your application.
- **Reference Letters:** Please return two letters of reference with your application.
- **Tax Forms:**
  - Form VA-4
  - Form W-4
  - Form I-9 - Employment Eligibility Verification (Department of Homeland Security)

**PLEASE CONTACT KAREN FARRAR-WHORLEY, OFFICE MANAGER, AT THE DISCOVERY SCHOOL OF VIRGINIA WITH ANY QUESTIONS.....434-983-5616**

**THE DISCOVERY SCHOOL OF VIRGINIA, INC.**  
**EMPLOYMENT APPLICATION**

Your interest in our organization is appreciated. We comply with state and federal laws regarding equal opportunity. Qualified applicants are considered for all positions without regard to race, color, religion, sex, age, disability, national origin, veteran status, or citizenship status.

Applications are kept on file for six (6) months. If you have not been hired within six (6) months of the date of your application, you must re-file if you are to be considered for future employment.

**POSITION APPLYING FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Personal Information** (Please print)

NAME (Last, First, Middle) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you ever been known by any other name? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what is the name? \_\_\_\_\_ Dates known by this name? \_\_\_\_\_

In case of emergency, who should be contacted? \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in full: \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, give Alien Registration Number: \_\_\_\_\_

Are you over age 21? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, do you have a work permit? Yes\_ No\_

Referral Source: Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_

Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

Do any of your friends or relatives work here? Yes \_\_\_ No \_\_\_ If yes, list name(s) \_\_\_\_\_

List office or business machines you have operated: \_\_\_\_\_

If applying for a clerical position:

What is your typing speed? \_\_\_\_\_ Do you take shorthand? \_\_\_\_\_ If so, what is your speed? \_\_\_\_\_

**Give name and daytime phone number of three references. At least one must be a current or former employer or faculty member from college. References must not be related to you and must have known you for at least two (2) years.**

(1) \_\_\_\_\_ Telephone \_\_\_\_\_

(2) \_\_\_\_\_ Telephone \_\_\_\_\_

(3) \_\_\_\_\_ Telephone \_\_\_\_\_

If required for the position for which you are applying, will you consent to periodic physical examinations and blood or urine analysis at company expense? (Note: This analysis may test for controlled substances)

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you filed an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Status desired: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Other \_\_\_\_\_

Date available: \_\_\_\_\_

If there are any hours you are unwilling to work, what are they and why?

\_\_\_\_\_

Are you on lay-off and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if a job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

List any skills, qualifications, courses, or training you have that relate to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_

Are you a member of the military Reserve or National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a veteran of the U.S. Military Service? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what branch of the U.S. Military Service? \_\_\_\_\_

List Professional, Trade, Business or Civic activities and offices held:  
(Exclude groups that indicate race, color, religion, sex or national origin)

\_\_\_\_\_  
\_\_\_\_\_

**PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT:**

1. \_\_\_\_\_  
Name & Address of Company and Type of Business  
Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Describe the work you did: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. \_\_\_\_\_  
Name & Address of Company and Type of Business  
Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Describe the work you did: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. \_\_\_\_\_  
Name & Address of Company and Type of Business  
Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Describe the work you did: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

May we contact the employers listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, indicate which one(s) you do not wish us to contact and state the reason why not:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience:

\_\_\_\_\_  
\_\_\_\_\_

**If applying for a counselor position:**

**PREVIOUS EXPERIENCE WORKING WITH YOUTH** (i.e. volunteer or paid as a camp counselor, youth league coach, tutoring, child care giver, etc., at least 3 months experience needed).

Position held: \_\_\_\_\_ Dates Position Held \_\_\_\_\_

Contact Person/Supervisor (name and phone number) \_\_\_\_\_

Position held: \_\_\_\_\_ Dates Position Held \_\_\_\_\_

Contact Person/Supervisor (name and phone number) \_\_\_\_\_

Position held: \_\_\_\_\_ Dates Position Held \_\_\_\_\_

Contact Person/Supervisor (name and phone number) \_\_\_\_\_

Position held: \_\_\_\_\_ Dates Position Held \_\_\_\_\_

Contact Person/Supervisor (name and phone number) \_\_\_\_\_

Attach a separate sheet to list additional experiences.

**DRIVING RECORD**

Do you presently have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the following driver's license information:

State \_\_\_\_\_ Number \_\_\_\_\_ Type \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you had a moving violation within the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in detail: \_\_\_\_\_

**EDUCATION**

**High School**

School \_\_\_\_\_ Address \_\_\_\_\_ Course of Study \_\_\_\_\_

Check last year completed: 1\_\_ 2\_\_ 3\_\_ 4\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ List Diploma or Degree \_\_\_\_\_

**College**

School \_\_\_\_\_ Address \_\_\_\_\_ Course of Study \_\_\_\_\_

Check last year completed: 1\_\_ 2\_\_ 3\_\_ 4\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ List Diploma or Degree \_\_\_\_\_

**Technical**

School \_\_\_\_\_ Address \_\_\_\_\_ Course of Study \_\_\_\_\_

Check last year completed: 1\_\_ 2\_\_ 3\_\_ 4\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ List Diploma or Degree \_\_\_\_\_

## AGREEMENT

(Please Read Carefully)

The Discovery School of Virginia, Inc. is an equal opportunity employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, age, disability, national origin, veteran status, or citizenship status. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, national origin, or age.

I certify that all of the information given by me on this application or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements or consequential omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or my dismissal if I am hired.

I agree, understand and authorize The Discovery School of Virginia, Inc. or its agents to investigate my background. I authorize the persons or organizations referenced in this application to give The Discovery School of Virginia, Inc. any and all information they might have personal or otherwise with regard to any of the subjects covered by this application and I release all such parties from all liability for any damage that may result from furnishing such information to this Company.

I also agree and understand that this investigation may include an investigation regarding my character, general reputation, and personal characteristics. If any such investigation results in denial of employment, I shall be so advised. The Discovery School of Virginia, Inc. shall supply the investigative report, and I will be given an opportunity to correct any misinformation contained in any such report. I agree to furnish such additional information and complete such examination (including periodic physical examinations and test for controlled substances) as may be required by The Discovery School of Virginia, Inc. I agree and understand that my initial and continued employment is contingent upon my taking a physical examination when requested. Should I refuse to take said examination, I understand that I may be subject to termination.

I agree and understand that The Discovery School of Virginia, Inc. may require that I be approved for bonding as a condition of my employment. Further, I will comply with The Discovery School of Virginia, Inc.'s security policies and other policies, rules and procedures that are, or may be established by the Company from time to time.

It is agreed and understood that this Application for Employment in no way obligates The Discovery School of Virginia, Inc. to employ me and that any offer employment is subject to the terms and conditions stated on this application form. I agree and understand that my employment is for no definite duration and may be terminated at will by either the Company or me. It is agreed and understood by me that participation in any of the benefit programs of The Discovery School of Virginia, Inc. does not create a contract of employment. I agree and understand that only the President of The Discovery School of Virginia, Inc. has the authority to establish a contract of employment with me, and that any such contract must be in writing, designated as an employment contract, and signed by both parties.

In the event of my employment, any corporation materials entrusted during the course of my employment will be returned to The Discovery School of Virginia, Inc. on the last day of employment, whether I resign or am terminated. I agree and understand, that should I be employed, I will not at any time or any manner, either directly or indirectly, divulge, disclose, or communicate to any person, firm or corporation in any manner whatsoever any confidential information concerning any matters affecting or relating to the business of the Employer, including, without limiting the generality of the foregoing, any of its customers, the prices it attains or has attained from the sell of, or which it sells or has sold, its services or products, its manner of operation, its plans, and other "proprietary information". I understand that I may be asked to sign a confidentiality agreement consistent with this paragraph as a condition of employment.

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Signature

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Date

**AUTHORIZATION FOR POLICE BACKGROUND CHECK**

I, \_\_\_\_\_, hereby authorize The Discovery School of Virginia, Inc. to do a background check, including the NCIC, in regard to any and all legal problems.

Please list the addresses and dates of your occupancy for the past five years in chronological order, beginning with the most recent (if more space is needed, please attach an additional sheet of paper):

_____	From: _____
_____	To: _____
_____	From: _____
_____	To: _____
_____	From: _____
_____	To: _____
_____	From: _____
_____	To: _____
_____	From: _____
_____	To: _____
_____	From: _____
_____	To: _____
_____	From: _____
_____	To: _____

Driver's License # \_\_\_\_\_ State Issued In: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Description: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**AUTHORITY FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or duly accredited representative of the Office of Background Investigations (OBI) bearing this release, or a copy thereof, to obtain any information from law enforcement/criminal justice agencies and report the results of such search to the agencies, facilities, or individual(s) authorized to receive same. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Office of Background Investigations (OBI) and may be disclosed to such third parties as indicated below in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature (Full Name): \_\_\_\_\_

Print Name (Full Name): \_\_\_\_\_

Other Names Currently  
or Previously Used: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: 434 983-5616 Date: \_\_\_\_\_

Release to: - The Discovery School of Virginia \_\_\_\_\_  
P. O. Box 1160  
2697 Copper Mine Road  
Dillwyn, VA 23936

# Virginia Department of Social Services/Child Protective Services Central Registry Release of Information Form

## Part I: INSTRUCTIONS - Read all instructions before completing form: Incomplete forms will be returned.

1. Type or print legibly in ink. Indicate N/A if a question is not applicable
2. Submit a separate form for each individual whose name is to be searched. MUST USE THIS FORM BEGINNING 11/01/09
3. Provide proof of identity and sign Part III in the presence of a Notary Public.
4. **Enclose a \$7.00** money order, company /business check or cashiers check payable to: **Virginia Department of Social Services** (unless waived) **DO NOT SEND CASH or PERSONAL CHECKS.** This fee is nonrefundable. \$25 will be charged for checks returned for insufficient funds.
5. Search results disseminated beyond the requesting agency/individual named below are not considered official.
6. Mail completed form to: **VA Dept. of Social Services, 801 East Main St, 6th floor, OBI Search Unit, Richmond VA 23219-3301**

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

<b>Name</b> THE DISCOVERY SCHOOL <b>Address:</b> P.O. BOX 1160 <b>City</b> DILLWYN <b>State</b> VA <b>Zip Code</b> 23936	<b>Payment Code/ Fips Code</b> (If assigned by Central Registry Unit)  <div style="font-size: 2em; text-align: center;">292</div>
<b>Contact Person</b> KAREN FARRAR-WHORLEY <b>Contact's Phone Number</b>	<b>Mandatory for all coded agencies</b>

**Purpose of Search, Check one:**

<input type="checkbox"/> Adam Walsh Law	<input checked="" type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Babysitter/Family Day Care	<input type="checkbox"/> CASA
<input type="checkbox"/> Children's Residential Facility	<input type="checkbox"/> Custody Evaluation	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Institutional Employee	<input type="checkbox"/> Other Employment	<input checked="" type="checkbox"/> School Personnel	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Other			

## Part II: TO BE COMPLETED IN FULL, BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED

### Identifying Information for Person Being Searched:

Last Name	First Name	Full Middle Name – no initials (if name is initial only state Initial Only)	
Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Date of Birth MM/DD/YY
Driver's License Number	Other names Used by the Individual (Nicknames, previous married names, etc.)		
Current Address Street	Current Address City	Current Address State	Current Address Zip Code
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code

**CURRENT SPOUSE INFORMATION**  CHECK HERE IF NOT CURRENTLY MARRIED

Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
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**ALL PREVIOUS SPOUSES**  CHECK HERE IF NOT PREVIOUSLY MARRIED

Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY

**Full Names of All Children:** (Include Adult Children, Step, Foster, Children Not Living with you. Attach additional paper if needed)

Check here if you do not have children

Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY

Virginia Department of Social Services/Child Protective Services  
Central Registry Release of Information Form

**Part III: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION**

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which as been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

\_\_\_\_\_  
Signature of Person to Be Searched

\_\_\_\_\_  
Parents' Signature (Needed if child is 17 years old or younger)

**Part IV: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_

Commonwealth/State of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Number

My Commission Expires: \_\_\_\_\_

Do not write below this line.

**Part V: Findings - To be completed by OBI Central Registry staff only.**

**CENTRAL REGISTRY FINDINGS**

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to Central Registry Unit in order for us to make a determination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Worker: \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Based on information provided by the Local Department of Social Services, we have determined that \_\_\_\_\_ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

\_\_\_\_\_ Dept.of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

\_\_\_\_\_ Dept.of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

3 \_\_\_\_\_ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry Child Abuse/Neglect.

Signature of worker completing search: \_\_\_\_\_ Date: \_\_\_\_\_

OBI staff only

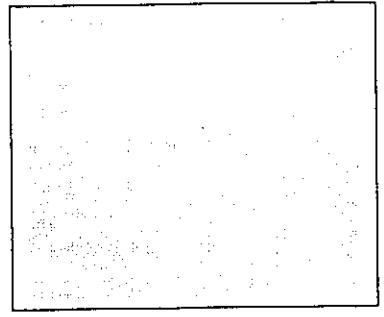
OFFICE OF BACKGROUND INVESTIGATIONS (OBI)  
REQUEST FOR CRIMINAL BACKGROUND INVESTIGATION

FOR EMPLOYEES, VOLUNTEERS AND SERVICE PROVIDERS  
AFFILIATED WITH CHILDREN'S RESIDENTIAL FACILITIES

MAIL REQUEST FORM, 1 FINGERPRINT CARD AND FEE TO:

DATE RECEIVED IN (OBI)

OFFICE OF BACKGROUND INVESTIGATIONS (OBI)  
7 North Eighth Street, 3<sup>rd</sup> Floor  
RICHMOND, VA 23219



CONTACT INFORMATION:

Angela Pearson: (804) 726-7099  
Marilyn Suber: (804) 726-7092  
FAX: (804) 726-7095  
E-MAIL: backgrounds@dss.virginia.gov  
WEB PAGE: http://www.dss.virginia.gov

PERSONAL DATA:

1. LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LIST ALL OTHER NAMES CURRENTLY OR PREVIOUSLY USED (MAIDEN/ FORMER MARRIED/RELIGIOUS, ETC.):  
(ANY NAMES LISTED BELOW SHOULD ALSO BE SHOWN IN THE ALIASES SECTION OF THE FINGERPRINT CARDS)

2. SOCIAL SECURITY #: \_\_\_\_\_ 3. DATE OF BIRTH: \_\_\_\_\_ 4. GENDER: \_\_\_\_\_ 5. RACE: \_\_\_\_\_ 6. STATE/COUNTRY OF BIRTH: \_\_\_\_\_

7. STATUS: (Circle One)  
Applicant Volunteer

FACILITY DATA:

1. FACILITY NAME/ADDRESS:  
**THE DISCOVERY SCHOOL OF VIRGINIA**  
**P. O. Box 1160**  
**Dillwyn, VA 23936**

2. a. REGULATORY AGENCY: (Circle Applicable One(s))  
Social Services Education Mental Health

b. FACILITY ID NUMBER:  
292

3. FACILITY CONTACT PERSON:  
*Karen Farrar-Whorley*  
Signature

Karen Farrar-Whorley- Administrative Secretary  
Print Facility Representative's Name & Title

4. TELEPHONE NUMBER: 434-983-5616

5. DATE OF REQUEST: \_\_\_\_\_

**AUTHORITY FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or duly accredited representative of the Office of Background Investigations (OBI) bearing this release, or a copy thereof, to obtain any information from law enforcement/criminal justice agencies and report the results of such search to the agencies, facilities, or individual(s) authorized to receive same. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Office of Background Investigations (OBI) and may be disclosed to such third parties as indicated below in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature (Full Name): \_\_\_\_\_

Print Name (Full Name): \_\_\_\_\_

Other Names Currently  
or Previously Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number: (434) 983-5616 Date: \_\_\_\_\_

Release to:                   - The Discovery School of Virginia \_\_\_\_\_  
                                      P. O. Box 1160  
                                      2697 Copper Mine Road  
                                      Dillwyn, VA 23936

## DISCLOSURE STATEMENT

A child abuse and neglect records check and a criminal history background investigation are required by law on:

1. Each individual who was not an employee, volunteer, or service provider at the facility prior to July 1, 1994, and who is: (i) an employee, (ii) a volunteer for the facility on a regular basis who will be alone with one or more children in the performance of his duties, or (iii) a provider of services for the facility on a regular basis who will be alone with one or more children in the performance of his duties (§ 63.2-1726 of the *Code of Virginia*).
2. Each individual who is hired by a Department of Behavioral Health and Developmental Services licensed provider in a direct consumer care position on or after July 1, 1999 (formally § 37.1-183.3 of the *Code of Virginia* prior to October 1, 2005; currently 37.2-416 & 37.2-314).

Facility's Name:
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Applicant's Name (Last, First, Middle)	Social Security Number
Mailing Address (Street, City, State, Zip)	Phone Number

<p>In Virginia or any other location:</p> <p>Have you been the subject of a founded complaint of child abuse or neglect?</p> <p>___ NO ___ YES If yes, list all cases and explain. (Continue on back if necessary.)</p>  <p>Have you ever been convicted of or are you the subject of pending charges for any offense including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under an youth offender law?</p> <p>___ NO ___ YES If yes, list date of arrest, offense, identity of court, and city and state in which hearing took place for all convictions and pending charges and explain. (Continue on back if necessary.)</p>
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CONTINUATION SECTION:

### APPLICANT'S RIGHTS

The National Child Protection Act and the *Code of Virginia* require the facility to inform you that you are entitled: (1) to obtain a copy of your FBI background check report, (2) to challenge its accuracy and completeness, and (3) to obtain a prompt determination about the validity of your challenge before a final determination is made about your fitness to have responsibility for the safety and well-being of children and/or eligibility for employment. If you are denied employment or the opportunity to provide volunteer or contractual services because of information contained in your FBI background check report **AND** you wish to challenge the accuracy of the report, the facility will provide you with a copy of the challenge procedures. If you have been permitted to provide services pending the facility's receipt of FBI information about you, the facility may suspend you or deny you unsupervised access to children while a final determination is made about your fitness to have responsibility for the safety and well-being of children and/or eligibility for employment.

I hereby certify that all entries on this disclosure statement are true and complete. I agree and understand that: (1) any falsification of the information provided, regardless of the time of discovery, may result in termination of my services as an employee, volunteer, or service provider; and (2) the information on this disclosure statement is subject to verification.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

Documents that Establish Both  
Identity and Employment  
Authorization

### LIST B

Documents that Establish  
Identity

### LIST C

Documents that Establish  
Employment Authorization

OR

AND

<p>1. U.S. Passport or U.S. Passport Card</p>	<p>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</p>	<p>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>	<p>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</p>	<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>	<p>3. School ID card with a photograph</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>4. Voter's registration card</p>	<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
<p>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</p>	<p>5. U.S. Military card or draft record</p>	<p>5. Native American tribal document</p>
<p>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</p>	<p>6. Military dependent's ID card</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
	<p>8. Native American tribal document</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
	<p>9. Driver's license issued by a Canadian government authority</p>	
	<p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p>	
	<p>10. School record or report card</p>	
<p>11. Clinic, doctor, or hospital record</p>		
<p>12. Day-care or nursery school record</p>		

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

**Instructions****Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

**What Is the Purpose of This Form?**

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

**When Should Form I-9 Be Used?**

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

**Filling Out Form I-9****Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

**Preparer/Translator Certification**

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer**

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

**Employers must record in Section 2:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

### Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverifiy employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  2. Record the document title, document number, and expiration date (if any) in Block C; and
  3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

### What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

# Form W-4 (2011)

**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.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . . (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .</li> </ul>	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>

For accuracy, complete all worksheets that apply. {

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 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 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are 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  <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div>
1 Type or print 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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u>      </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u>      </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> 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 lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	2	\$ _____
3	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919) . . . . .	4	\$ _____
5	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	6	\$ _____
7	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	7	\$ _____
8	<b>Divide</b> the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	8	_____
9	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	9	_____
10	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	10	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	1	_____
2	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	2	_____
3	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> 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	<b>Subtract</b> line 5 from line 4 . . . . .	6	_____
7	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	7	\$ _____
8	<b>Multiply</b> 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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. 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 <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

**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 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.

# 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.

## 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.



Virginia Department of Health Division of TB Control  
TB Risk Assessment Form (TB 512)

Patient name (L, F, M): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 DOB: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_  
 Country of birth: \_\_\_\_\_ Year of US arrival (if applicable): \_\_\_\_\_  
 Language(s) spoken: \_\_\_\_\_ Interpreter needed? \_\_\_ No \_\_\_ Yes  
 History of Prior BCG? \_\_\_ No \_\_\_ Yes → Specify year: \_\_\_\_\_ Is patient pregnant? \_\_\_ No \_\_\_ Yes → LMP: \_\_\_/\_\_\_/\_\_\_  
 Drug allergies: \_\_\_\_\_

**I. Screen for TB Symptoms (Check all that apply)**

\_\_\_ None (Skip to Section II, "Screen for Infection Risk")  
 \_\_\_ Cough for > 3 weeks → Productive? \_\_\_ Yes \_\_\_ No  
 Hemoptysis? \_\_\_ Yes \_\_\_ No  
 \_\_\_ Fever, unexplained  
 \_\_\_ Hemoptysis  
 \_\_\_ Unexplained weight loss  
 \_\_\_ Poor appetite  
 \_\_\_ Night sweats  
 \_\_\_ Fatigue  
 Evaluate these symptoms in context

**Pediatric Patients (≤ 6 years of age)**

\_\_\_ Wheezing  
 \_\_\_ Failure to thrive  
 \_\_\_ Decreased activity, playfulness and/or energy  
 \_\_\_ Lymph node swelling  
 \_\_\_ Personality changes

**II. Screen for TB Infection Risk (Check all that apply)**

Individuals with an increased risk for acquiring latent TB infection (LTBI) or for progression to active disease once infected should have a TST. Screening for persons with a history of LTBI should be individualized.

**A. Assess Risk for Acquiring LTBI**

\_\_\_ Person is a current close contact of a person known or suspected to have TB disease  
 Name of source case: \_\_\_\_\_  
 \_\_\_ Person has lived in a country - for 3 months or more - where TB is common, and has been in the US for 5 or fewer years  
 \_\_\_ Person is a resident or an employee of a high TB risk congregate setting  
 \_\_\_ Person is a health care worker who serves high-risk clients  
 \_\_\_ Person is medically underserved  
 \_\_\_ Person has been homeless within the last two years  
 \_\_\_ Person is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories  
 \_\_\_ Person injects illicit drugs or uses crack cocaine  
 \_\_\_ Person is a member of a group identified by the local health department to be at an increased risk for TB infection  
 \_\_\_ Person needs baseline/annual screening approved by health department

**B. Assess Risk for Developing TB Disease if Infected**

\_\_\_ Person is HIV positive  
 \_\_\_ Person has risk for HIV infection, but HIV status is unknown  
 \_\_\_ Person was recently infected with *Mycobacterium tuberculosis*  
 \_\_\_ Person has certain clinical conditions, placing them at higher risk for TB disease  
 \_\_\_ Person injects illicit drugs (determine HIV status)  
 \_\_\_ Person has a history of inadequately treated TB  
 \_\_\_ Person is >10% below ideal body weight  
 \_\_\_ Person is on immunosuppressive therapy (this includes treatment for rheumatoid arthritis with drugs such as Humira, Remicad, etc.)

**History of TB Skin Test and TB Treatment**

Prior Mantoux Tuberculin Skin Test (TST)?  
 \_\_\_ No \_\_\_ Yes → Date: \_\_\_/\_\_\_/\_\_\_ Induration: \_\_\_\_\_ mm  
 Prior TB treatment? \_\_\_ No \_\_\_ Yes → Provide details below:  
 TB Treatment History  
 \_\_\_ LTBI \_\_\_ TB Disease  
 Year of treatment: \_\_\_\_\_  
 Treatment duration: \_\_\_\_\_  
 TB medications taken: \_\_\_\_\_  
 Location of treatment: \_\_\_\_\_

**III. Finding(s) (Check all that apply)**

\_\_\_ Previous Treatment for LTBI and/or TB disease  
 \_\_\_ No risk factors for TB infection  
 \_\_\_ Risk(s) for infection and/or progression to disease  
 \_\_\_ Possible TB suspect  
 \_\_\_ Previous positive TST, no prior treatment

**IV. Action(s) (Check all that apply)**

\_\_\_ Issued screening letter  
 \_\_\_ Issued sputum containers  
 \_\_\_ Referred for CXR  
 \_\_\_ Other \_\_\_\_\_  
 \_\_\_ Referred for medical evaluation  
 \_\_\_ Administered the Mantoux TB Skin Test

TST #1	TST #2
Arm ___ Left ___ Right	Arm ___ Left ___ Right
Date Given ___/___/___	Date Given ___/___/___
Time Given _____	Time Given _____
Date Read ___/___/___	Date Read ___/___/___
Time Read _____	Time Read _____
Induration _____ mm	Induration _____ mm
___ Positive ___ Negative	___ Positive ___ Negative

Screener's signature: \_\_\_\_\_  
 Screener's name (print): \_\_\_\_\_  
 Screener's title: \_\_\_\_\_  
 Date: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Primary care provider: \_\_\_\_\_  
 Primary care provider phone number: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**A decision to test is a decision to treat.** Given the high rates of false positive TB skin test results, the Division of TB Control discourages administration of the Mantoux TST to persons who are at a low risk for TB infection.  
 2/2005-TB-512 Form



**Purpose of Form**

The TB Risk Assessment Form (TB 512) is a tool to assess and document a patient's TB symptoms and/or risk factors. Completing this form will also help in determining the need for further medical testing and evaluation.

**Directions for Completing the Form**

Print clearly and complete this form according to the instructions provided below.

**I. Screen for Presence of TB Symptoms**

- Screen the patient for symptoms of active TB disease.
- All symptomatic individuals who have not had a positive skin test in the past should: (1) receive a TB skin test (TST); (2) have their sputum collected; and, (3) be referred for an immediate chest x-ray and medical evaluation, regardless of the TST result.
- If the patient does not have symptoms of active TB disease, then go to Section II and assess risk for LTBI and/or disease.
- *Symptoms of active TB disease are more subtle in children.* Children with symptoms of active TB disease should receive a TST, CXR and immediate medical evaluation by a medical personnel knowledgeable about pediatric TB.

**II. Screen for TB Infection Risk (In subsections A and B, check all the risk factors that apply.)**

Section II has 2 sections: Section A, "Assess Risk for Acquiring LTBI"; and, Section B, "Assess Risk for Developing TB Disease if Infected".

- If a patient has one or more risk factors for LTBI as listed in sections A or B, then go to Section III and administer the TST.
- If a patient does not have risk factors for LTBI, do not administer the TST. Go to Section III and place a check next to "No Risk Factors for TB Infection." If the patient's school, employment, etc. requires a TB screening, place a check next "Issued Screening Letter" (Section IV) and provide this document to the patient.

**A. Assess Risk for Acquiring LTBI -- The following are definitions of select categories of persons at risk for LTBI**

- *Person is a current close contact of another individual known or suspected to have TB disease --*  
Person is part of a current TB contact investigation
- *Person is a resident/employee of high TB risk congregate settings --*  
These settings are correctional facilities, nursing homes, and long-term care institutions for the elderly, mentally ill and persons with AIDS.
- *Person is a health care worker who serves high risk clients --*  
Screen for the individual risk factors for TB infection, unless screening efforts are part of an ongoing facility infection control program approved by local health department.
- *Person is medically underserved --*  
Person doesn't have a regular health care provider, and has not received medical care within the last 2 years.
- *Person is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories --*  
Child has foreign-born parents, or child's parents/caretakers are at high risk for acquiring TB infection.
- *Person is a member of a group identified by a local health department to be at an increased risk for TB infection --*  
Identification of a group is based on local epidemiologic data showing an increase in the number of persons with TB disease or TB infection in the given group
- *Person needs baseline/annual screening approved by health department --*  
*Screening program that is approved by the local health dept. for facilities or individuals at an increased risk for LTBI*

**B. Assess Risk for Developing TB Disease if Infected - The following are definitions of select categories of persons at risk for TB disease if infected**

- *Person's HIV Status is unknown but has risk for HIV infection --*  
Offer HIV test. Administer the TB Skin Test, even if the patient refuses the HIV test.
- *Person with clinical conditions that place them at high risk --*  
Conditions include substance abuse, chest x-ray findings that suggest previous TB, diabetes mellitus, silicosis, prolonged corticosteroid therapy, cancer of the head and neck, leukemia, lymphoma, hematologic and reticuloendothelial diseases, end stage renal disease, intestinal bypass or gastrectomy, and chronic malabsorption syndromes.
- *Person is on immunosuppressive therapy --*  
Person is taking  $\geq 15$  mg/day of prednisone for  $\geq 1$  month; person is receiving treatment for rheumatoid arthritis with medications such as remicaid or humira; and/or, person needs baseline evaluation prior to start of arthritis treatment with the medications cited here.

**III. Finding(s) (Check all findings that apply.)**

In this section, indicate findings from the assessments in all previous sections.

**IV. Action(s) (Check all actions that apply.)**

- Indicate the action(s) to take as a result of the findings in Section III
- If administering the TB Skin test, provide all requested data for "TST #1" and if applicable, for "TST #2"
- Write other pertinent patient information next to "Comments"

**Additional Follow-up to the Mantoux TB Skin Test**

- If the patient's TST reaction is interpreted as positive or if she/he has symptoms for TB disease, refer the patient immediately for a chest x-ray.
- If a person has a history of a positive TST and is currently asymptomatic, then refer him/her for a chest x ray if the following two conditions apply: 1) patient is a candidate for LTBI treatment; and, 2) patient is willing to adhere to the treatment.

THE DISCOVERY SCHOOL OF VIRGINIA

P.O. BOX 1160

DILLWYN, VA. 23936

**EMPLOYEE NOTIFICATION OF HEPATITIS VACCINE AVAILABILITY AND OCCUPATIONAL RISKS CONCERNING BODILY FLUIDS**

AS AN EMPLOYEE OF THE DISCOVERY SCHOOL, I UNDERSTAND THAT I MAY BECOME EXPOSED TO BODILY FLUIDS THROUGH THE COURSE OF MY EMPLOYMENT. BODILY FLUIDS HAVE THE POTENTIAL FOR CARRYING DISEASES. I HAVE READ THE POLICY MANUAL REGARDING BODILY FLUIDS AND I AM AWARE OF THE PROTECTIVE BARRIERS, THEIR IMPORTANCE, AND WHERE THEY ARE LOCATED. AS A FURTHER PROTECTION, I CAN BE GIVEN THE HEPATITIS B VACCINE AT NO COST TO ME IF I SO CHOOSE.

TO OBTAIN THE HEPATITIS B VACCINE, I MAY GO TO THE BUCKINGHAM FAMILY MEDICINE IN DILLWYN, VIRGINIA AND TELL THEM THAT I AM AN EMPLOYEE OF THIS FACILITY AND WOULD LIKE TO HAVE THE VACCINE. I KNOW THIS IS A SERIES OF THREE INJECTIONS INVOLVING A PERIOD OF SIX MONTHS. THERE IS NO CHARGE FOR THIS VACCINE.

CHECK ONE PLEASE

\_\_\_\_\_ I WILL OBTAIN THE HEPATITIS B VACCINE AT BUCKINGHAM FAMILY MEDICINE AT NO CHARGE TO ME.

\_\_\_\_\_ AT THIS TIME, I DO NOT WISH THE VACCINE, BUT I KNOW THAT I MAY CHANGE AT ANY TIME AND RECEIVE THE SERIES.

\_\_\_\_\_ I HAVE PREVIOUSLY HAD THE VACCINE AND AM IMMUNIZED.

\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
STAFF SIGNATURE