



Below are the list of forms/documents that must be completed before you begin your position at Arlington Public Schools. Please complete and/or review the following documents that apply to you. If you have any questions please contact us at 703-228-6189, or 703-228-6101.

## New Hire Onboarding Checklist

Form Name	Instructions	Requirement
Authorization for Direct Deposit	Please attach a voided check and bring to orientation.	Required for all new hires.
Tuberculosis (TB) Screening	Please call the number on the form to make an appointment. Please complete and bring to orientation.	Required for all new hires.
Federal Tax Form W-4	Please contact your tax advisor for advice.	Required for all new hires.
State Tax Form (DC, MD, VA)	Please contact your tax advisor for advice.	Required for all new hires.
Fingerprint Request & Authorization Form	Please complete and bring to orientation.	Required for all new hires.
Virginia Department of Social Services Central Registry Information Form	Do not sign or mail form and no fee is required. Form will be notarized at orientation. Employees who lived in other states during the past five years will have additional forms to complete during orientation.	Required for all new hires.
Virginia Teaching Experience Verification Form	Please complete and bring to orientation.	For instructional new hires only.
College Verification Form	Please complete and bring to orientation.	For instructional new hires only.
Previous Teaching Experience Verification Form	Please complete and bring to orientation.	For instructional new hires only.
STAN Profile	Please complete and bring to orientation	Substitute teachers/assistants only.



**HUMAN RESOURCES**

**Arlington Public Schools**  
2110 Washington Blvd., Arlington, VA 22204  
TEL 703.228.6189 FAX 703.841.2138 <http://www.apsva.us/careers>

**Arlington Public Schools Adult Tuberculosis Screening for Employment**

**2100 Washington Blvd, 2<sup>nd</sup> Floor, Arlington, VA, 22204**

**Arlington County Occupational Health Unit** (Ask for the Occupational Health Nurse Sharon Ying Liu); must call for an appointment at 703.228.4815 OR email the nurse at [syingliu@arlingtonva.us](mailto:syingliu@arlingtonva.us) – *there will be no charge at this office for Arlington Public Schools new hires; but you must ask for the Occupational Health Nurse.*

**Arlington County Immunization Clinic** 703.228.1200; WALK-IN Clinic Schedule Hours as follows:  
● Tuesdays 3:00 p.m. - 6:30 p.m. ● Wednesdays 9:00 a.m. - 12:30 p.m. ● Fridays 7:30 a.m. to 11:00 a.m.  
*There will be a fee for the TB test/screening; Arlington Public Schools (APS) is not responsible for the fee.*

We encourage you to call and confirm above schedule before your visit, as changes may occur without notice. Please keep in mind that your waiting time could be from 5 minutes to an hour, and if you require a PPD test (not a screening) you will be instructed to return in 2-3 days for the PPD reading/results.

**TB screening can also be performed by the applicant’s health care provider.**

The screening certificate form must be completed, stamped and signed by the physician or nurse before it is returned to the Arlington Public Schools Human Resources Department.

If an applicant is under 18 years of age, he/she must be accompanied by a parent/legal guardian. Parent/legal guardian may be required to complete the “Parental Consent for Occupational Health Evaluation and Deemed Consent” form provided by the medical facility.

As a condition of employment, Arlington Public Schools employees shall submit a TB Screening Certificate signed by a licensed physician or by the physician’s licensed designee stating that such employee appears free of communicable tuberculosis. Such screening shall be based on a symptoms assessment, risk assessment, x-rays, and other exams, alone or in combination, as deemed necessary by a licensed physician.

The screening must have been performed within a 12 month period immediately preceding submission of the certificate. The preferred certificate is the Arlington County Public Health Division’s Adult Tuberculosis Screening Certificate (see other side). A certificate from another health facility, properly documented with facility’s address, phone number, doctor’s signature and date, may be submitted.

**Please see other side for the screening certificate.**



### REPORT OF TUBERCULOSIS SCREENING

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### TO WHOM IT MAY CONCERN:

**The above named individual has been evaluated by Arlington County Public Health Division.**

\_\_\_\_\_ TST testing date: \_\_\_\_\_ Result: \_\_\_\_\_mm  Positive  Negative

\_\_\_\_\_ IGRA testing date: \_\_\_\_\_ Result:  Positive  Negative

\_\_\_\_\_ A tuberculin skin test (TST) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

\_\_\_\_\_ The individual has a history of a positive tuberculin skin test (latent TB infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

\_\_\_\_\_ The individual either is currently receiving or has completed adequate medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

\_\_\_\_\_ The individual had a chest x-ray on \_\_\_\_\_ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

**Based on the available information, the individual can be considered free of tuberculosis in a communicable form.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(MD or Health Department Official)

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_



**ARLINGTON PUBLIC SCHOOLS  
AUTHORIZATION FOR DIRECT DEPOSIT  
(PLEASE PRINT)**

EMPLOYEE NAME	EMPLOYEE I.D. NO.	SCHOOL OR DEPARTMENT

I authorize the Arlington Public Schools and the bank indicated below to deposit automatically my net pay into my checking or savings account each payday. If monies to which I am not entitled are deposited into my account, I authorize the Arlington Public Schools to direct the bank to return such funds. This authority shall remain in effect approximately two weeks after I have notified the Arlington Public Schools Payroll Office **in writing** that it is to be cancelled. If I change banks or accounts, I understand that deposits to my former account will terminate in the pay period following the receipt of the new authorization form. For new accounts, I understand that my pay will be deposited directly into my new account as of the next pay period.

I understand that the amount to be deposited each payday will be the net amount shown on my payroll statement (check stub), which may vary from one pay to another due to changes in gross pay, deductions, tax rates, etc. I further understand that the payroll statement will be the only and the official notice of the net amount deposited.

I understand that neither the Arlington Public Schools nor any of its employees are to be held legally responsible for failure of any Depository Financial Institution to make a deposit as scheduled. I further understand that adjustments may be initiated to my account to reverse deposits that are made incorrectly.

I further understand that under no circumstances shall the Arlington Public Schools and its officers, agent or employees, be responsible for, and I agree to hold them harmless for any charges, fees, costs, liabilities, expenses or damages that might be imposed or arise out of delays, mistakes or errors made by the Arlington Public Schools, its agent or employees, or any member of the Mid-Atlantic Clearing House Association or its affiliates in any way relating to the direct deposit of my net pay.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

**Direct Deposit #1**

**\$ NET AMOUNT**

New/Change/Cancel Primary Net Account:     Add             Change             Cancel  
Type of Account (Check only one):             Checking             Savings

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Bank Routing and Transit No.: \_\_\_\_\_  
Employee Bank Account No.: \_\_\_\_\_

**Ensure to attach a Voided Check**

**Direct Deposit #2 (Not Required) Amount:** \$ \_\_\_\_\_ (Only use this account for a set dollar figure)

**Add/Change for a Second Account only:**     New             Change             Cancel  
Type of Account (Check only one):             Checking             Savings

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Bank Routing and Transit No.: \_\_\_\_\_  
Employee Bank Account No.: \_\_\_\_\_

**Ensure to attach a Voided Check**

**This form *must* be complete to be processed. Routing numbers are always 9 digit numbers.**

\_\_\_\_\_  
PAYROLL APPROVAL

\_\_\_\_\_  
DATE

# Form W-4 (2018)

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

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

**Exemption from withholding.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

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

#### Line C. Head of household please note:

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

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

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2018</span>	
<b>▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption.					
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

your wages and other income, including income earned by a spouse, during the year.

**Line G. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

### **Deductions, Adjustments, and Additional Income Worksheet**

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

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

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

### **Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

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

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

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

### **Instructions for Employer**

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

**New hire reporting.** Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/programs/css/employers](http://www.acf.hhs.gov/programs/css/employers).

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

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

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

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



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

- A** Enter "1" for yourself . . . . . **A** \_\_\_\_\_
- B** Enter "1" if you will file as married filing jointly . . . . . **B** \_\_\_\_\_
- C** Enter "1" if you will file as head of household . . . . . **C** \_\_\_\_\_
- D** Enter "1" if: {
  - You're single, or married filing separately, and have only one job; or
  - You're married filing jointly, have only one job, and your spouse doesn't work; or
  - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.
 } **D** \_\_\_\_\_
- E** **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
  - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
  - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
  - If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
  - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . . **E** \_\_\_\_\_
- F** **Credit for other dependents.**
  - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
  - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
  - If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" . . . . . **F** \_\_\_\_\_
- G** **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . **G** \_\_\_\_\_
- H** Add lines A through G and enter the total here . . . . . **H** \_\_\_\_\_

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

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

- 1** Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: {
  - \$24,000 if you're married filing jointly or qualifying widow(er)
  - \$18,000 if you're head of household
  - \$12,000 if you're single or married filing separately
 } . . . . . **2** \$ \_\_\_\_\_
- 3** **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . . **4** \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4 and enter the total . . . . . **5** \$ \_\_\_\_\_
- 6** Enter an estimate of your 2018 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7** **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . **7** \$ \_\_\_\_\_
- 8** **Divide** the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9** Enter the number from the **Personal Allowances Worksheet**, line H above . . . . . **9** \_\_\_\_\_
- 10** **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . **10** \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet**

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

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" . . . . . **2** \_\_\_\_\_
  - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
  - 5** Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
  - 6** **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
  - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
  - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
  - 9** **Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. 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 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

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

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

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

retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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



# FORM VA-4

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

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

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

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

Your Social Security Number	Name	
Street Address		
City	State	Zip Code

#### COMPLETE THE APPLICABLE LINES BELOW

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

Signature

Date

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

## FORM VA-4 INSTRUCTIONS

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

### PERSONAL EXEMPTION WORKSHEET

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

Line 1. You may claim an exemption for yourself.

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

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

**NOTE:** A spouse is not a dependent.

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

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

### FORM VA-4

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

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

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

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

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

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

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

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

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

**MARYLAND  
FORM  
MW507**

**Purpose.** Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

**Basic Instructions.** Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

**Additional withholding per pay period under agreement with employer.** If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

**Exemption from withholding.** You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- a. Last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND,
- b. This year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

**Certification of nonresidence in the State of Maryland.** Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 6. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4.

Line 4 is **NOT** to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from

their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. **In addition, you must also complete and attach Form MW507M.**

**Duties and responsibilities of employer.** Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

1. You have any reason to believe this certificate is incorrect;
2. The employee claims more than 10 exemptions;
3. The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
4. The employee claims an exemption from withholding on the basis of nonresidence; or
5. The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW 507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

**Duties and responsibilities of employee.** If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

**FORM  
MW507 Employee's Maryland Withholding Exemption Certificate**

Print full name	Social Security Number
Street Address, City, State, ZIP	County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.)
<input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single rate	

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. . . . . 1. \_\_\_\_\_
2. Additional withholding per pay period under agreement with employer. . . . . 2. \_\_\_\_\_
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.
  - a. Last year I did not owe any Maryland Income tax and had a right to a full refund of all Income tax withheld and
  - b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements).  
If both a and b apply, enter year applicable \_\_\_\_\_ (year effective) Enter "EXEMPT" here . . . . . 3. \_\_\_\_\_
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
  - District of Columbia       Virginia       West Virginia
 I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. . . . . 4. \_\_\_\_\_
5. I claim exemption from Maryland **state** withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here. . . . . 5. \_\_\_\_\_
6. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 6. \_\_\_\_\_
7. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 7. \_\_\_\_\_
8. I certify that I am a legal resident of the state of \_\_\_\_\_ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here. . 8. \_\_\_\_\_

**Under the penalty of perjury,** I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Employee's signature	Date
Employer's name and address including ZIP code (For employer use only)	Federal Employer Identification Number

**Personal Exemptions Worksheet**

**Line 1**

- a. Multiply the number of your personal exemptions by the value of each exemption from the table below. (Generally the value of your exemption will be \$3,200; however, if your federal adjusted gross income is expected to be over \$100,000, the value of your exemption may be reduced. **Do not claim any personal exemptions you currently claim at another job, or any exemptions being claimed by your spouse.** To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. **NOTE:** Dependent taxpayers may not claim themselves as an exemption. . . . . a. \_\_\_\_\_
- b. Multiply the number of additional exemptions you are claiming for dependents 65 years old or older by the value of each exemption from the table below. . . . . b. \_\_\_\_\_
- c. Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you currently claim at another job or any amounts being claimed by your spouse. **NOTE:** Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,500 and a maximum of \$2,000. . . . .c. \_\_\_\_\_
- d. Enter \$1,000 for additional exemptions for taxpayer and/or spouse at least 65 years old and/or blind. . . . . d. \_\_\_\_\_
- e. Add total of lines a through d. . . . . e. \_\_\_\_\_
- f. Divide the amount on line e by \$3,200. **Drop any fraction. Do not round up.** This is the **maximum** number of exemptions you may claim for withholding tax purposes. . . . .f. \_\_\_\_\_

If Your federal AGI is		If you will file your tax return	
		Single or Married Filing Separately Your Exemption is	Joint, Head of Household or Qualifying Widow(er) Your Exemption is
\$100,000 or less		\$3,200	\$3,200
Over	But not over		
\$100,000	\$125,000	\$1,600	\$3,200
\$125,000	\$150,000	\$800	\$3,200
\$150,000	\$175,000	\$0	\$1,600
\$175,000	\$200,000	\$0	\$800
In excess of \$200,000		\$0	\$0

**FEDERAL PRIVACY ACT INFORMATION**

Social Security numbers must be included. The mandatory disclosure of your Social Security Number is authorized by the provisions set forth in the Tax-General Article of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the individual income tax laws and to exchange income tax information with the Internal Revenue Service, other states and other tax officials of this state. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.

\_\_\_\_\_  
 Year

## D-4 Employee Withholding Allowance Certificate

Your first name	M.I.	Last name	
Home address (number and street)		Apartment number	
City		State	Zip code +4
1 Tax filing status <i>Fill in only one:</i> <input type="radio"/> Single <input type="radio"/> Married/domestic partners filing jointly <input type="radio"/> Married filing separately <input type="radio"/> Head of household <input type="radio"/> Married/domestic partners filing separately on same return			
2 Total number of withholding allowances from worksheet below			
3 Additional amount, if any, you want withheld from each paycheck		\$ _____	
4 If claiming exemption from withholding, read below and, if qualified, write "EXEMPT" in this box.  I am exempt because: last year I did not owe any DC income tax and had a right to a full refund of all DC income tax withheld from me; and this year I do not expect to owe any DC income tax and expect a full refund of all DC income tax withheld from me; and I qualify for exempt status on federal Form W-4.  If claiming withholding exemption, are you a full-time student. <input type="radio"/> Yes <input type="radio"/> No			
<b>Signature</b> Under penalties of law, I declare that I have completed this certificate and, to the best of my knowledge, it is correct.			
Employee's signature		Date	

*Employer* Keep this certificate with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains false information please send a copy to: Office of Tax and Revenue, 941 North Capitol St., NE, Washington, DC 20002-4259 Attn: Compliance Administration

# Detach and give the top portion to your employer. Keep the bottom portion for your records.

## D-4 Employee Withholding Allowance Worksheet

<b>Section A Number of withholding allowances</b>		
a Enter 1 for yourself and	a	
b Enter 1 if you are filing as a head of household and	b	
c Enter 1 if you are 65 or over and	c	
d Enter 1 if you are blind	d	
e Enter number of dependents	e	
f Enter 1 for your spouse/registered domestic partner if filing jointly	f	
g Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over and	g	
h Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind	h	
i Number of allowances Add Lines a through h and enter on Line 2 of the certificate. If you want to claim additional withholding allowances, complete section B below.	i	
<b>Section B Additional withholding allowances</b>		
j Enter estimate of your itemized deductions	j	
k Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000	k	
l Subtract k from j	l	
m Multiply \$1,675 by the number of allowances on Line i	m	
n Divide l by m. Round to the nearest whole number.	n	
o Add Lines n and i and enter on Line 2 above.	o	

# Detach and give the top portion to your employer. Keep the bottom portion for your records.

---

**Who must file a Form D-4?**

Every new employee who resides in DC and is required to have DC taxes withheld, must fill out Form D-4 and file it with his/her employer.

If you are not liable for DC taxes because you are a nonresident you must file Form D-4A. Certificate of Nonresidence in the District of Columbia, with your employer.

**When should you file?**

File Form D-4 whenever you start new employment. Once filed with your employer, it will remain in effect until you file an amended certificate. You may file a new withholding allowance certificate any time the number of withholding allowances you are entitled to increases. You must file a new certificate within 10 days if the number of withholding allowances you claimed decreases.

**How many withholding allowances should you claim?**

Use the worksheet on the front of this form to figure the number of withholding allowances you should claim. If you want less money withheld from your paycheck, you may claim additional allowances by completing Section B of the worksheet, Lines j through o. However, if you claim too many allowances, you may owe additional taxes at the end of the year.

**Should I have an additional amount deducted from my paycheck?**

In some instances, even if you claim zero withholding allowances, you may not have enough tax withheld. You may, upon agreement with your employer, have more tax withheld by entering on Line 3, a dollar amount of your choosing.

**What to file**

After completing Form D-4, detach the top portion and file it with your employer. Keep the bottom portion for your records.



## INSTRUCTIONS

### Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

### **Read all instructions before completing the form: (Incomplete forms will be returned)**

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
2. If a middle name is an initial, indicate “initial only” otherwise, enter a full middle name given at birth.
3. For “other names used” list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
4. If the answer to any question is none, write “N/A”.
5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
6. A \$10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier’s check.  
(ex. 4 requests at \$10.00 each will total \$40.00). A \$50 fee will be charged for all returned checks.)

All money orders, company/business checks, or cashier checks should be made payable to:  
Virginia Department of Social Services.

**Personal checks and cash will not be accepted. Search Fee \$10.00 (PAID BY APS)**

7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet sheet of paper along with your form to be mailed.
9. Search results are not transferable and are not considered official beyond the requesting agency or individual.
10. Mail your completed form and additional sheets (if used) to:

**Virginia Department of Social Services  
Office of Background Investigations - Search Unit  
801 East Main Street, 6th Floor  
Richmond, VA 23219-2901**

**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**

<b>Name</b> Arlington Public Schools	<b>B00546</b>  Mandatory if agency code has been assigned
<b>Address</b> 2110 Washington Blvd.	
<b>City</b> Arlington <b>State</b> VA <b>Zip</b> 22204	
<b>Contact Name</b> Corey Dotson <b>Tel.#</b> (703) 228-2472	
<b>Contact E-Mail</b> corey.dotson@apsva.us	

**PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED**

Last Name	First Name	Full Middle Name – (given at birth) - <b>no initials</b> (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	



**PART II: 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 has 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 whose name is being searched  
(Sign in presence of Notary)

\_\_\_\_\_  
Parent or Guardian signature required for minor  
children under the age of 18

**PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_  
Commonwealth/State of \_\_\_\_\_  
Acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

Notary Seal

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

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

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

**PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY**

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 the 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 of Child Abuse/Neglect.

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

OBI Staff Only

**Arlington Public Schools Fingerprint Request & Authorization Form**

**Please Print Clearly**

**To be completed by applicant. Additional questions on back of form.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Aliases: \_\_\_\_\_

Current Address (Include City, State, and Zip Code):  
\_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Birth State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list all states where you have resided in the past five years other than Virginia:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*If the applicant is under 18 years of age, a parent/guardian must give consent and sign below.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Hiring Administrator Use ONLY**

**APS administrator signature required to fingerprint applicant**

Hiring Administrator's Name (Print): \_\_\_\_\_ Location: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Human Resources Staff ONLY**

Candidates Position: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Picture ID verified (Circle one): Driver's License, Passport, Military ID, DMV issued ID, Government issued ID

HR Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_ Return Results To: \_\_\_\_\_

**Human Resources Staff ONLY**

**Fingerprint Result**

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Cleared For Employment  Retake Required  Record Being Processed by Federal/State Agency

Date cleared for employment after record is processed and received by Federal/State Agency \_\_\_\_\_

**Please answer the questions on the back of this form =>**

Fingerprints will be taken in the Human Resources Office located on the 4<sup>th</sup> floor at the Syphax Education Center—2110 Washington Blvd., Arlington, VA, 22204.

**Applicants may not begin employment until Human Resources approves the fingerprint result.**

- Applicant must complete and sign both sides of this fingerprint form.
- Hiring administrator must complete and sign the “Hiring Administrator Use Only” section of this form. Human Resources will not fingerprint an applicant without the hiring administrator’s signature.
- Applicant must present a valid government issued picture ID card (Driver’s license, Military ID, DMV issued ID, or a Passport).

*Because of the tremendous responsibility Arlington Public Schools has to its school children and community, the following information is needed from all applicants and employees regarding convictions\*. A record of conviction does not prohibit employment; however, failure to complete this form accurately and completely can mean disqualification from consideration for employment or can be cause for consideration of dismissal if employed. Applicants and employees must report any convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to Human Resources.*

Have you ever been fired, asked to resign, and allowed to resign in lieu of dismissal, denied renewal of an employment contract or received a dishonorable or bad conduct discharge?  Yes  No

Have you been convicted of a felony or any offense involving the sexual molestation, physical or sexual abuse or rape of a minor (child under the age of 18)?  Yes  No

*A Yes answer to this question will not automatically disqualify you for employment.* Have you ever been convicted of any crime or offense (felony or misdemeanor)? Do not include convictions for minor traffic violations. Do include DWI/DUI convictions and habitual offender violations.  Yes  No

Have you ever entered a plea of guilty, been placed on probation or otherwise received a suspended imposition of sentence or deferred disposition to a charge of a felony, misdemeanor involving moral turpitude, the physical or sexual abuse or neglect of a child, sexual assault, use or possession of drugs, obscenity and related offenses. If yes, list the specific offense(s), the date of the court disposition or upcoming court date, and the name of the court and jurisdiction where the case was or will be heard.  Yes  No

Has a Social Services Department, Child Protective Service unit or any other governmental agency ever investigated charges of abuse or neglect against you and determined such charge to be "founded", "probably founded", "reason to suspect", or similar findings?  Yes  No

Are there criminal charges pending against you?  Yes  No

If you answered YES to any of the questions above, please attach a statement of explanation. (An affirmative response will not automatically disqualify an applicant.)

\*CONVICTION means the final judgment on a verdict or a finding of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

\*\* A.R.S. 13.3716 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, sexual assault of a child, sexual conduct with a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse.

I certify that I have read this form in its entirety and the information herein provided is true, accurate and complete. I understand that, should any statements I have made prove to be false, or misleading, it may result in the rejection of my application or in my immediate discharge if I am employed, I also understand that any misstatements or omission of fact on this form may result in my immediate discharge. Any such discharge following employment is without grievance rights. I further understand and agree that acceptance of this form on my part does not constitute an employment agreement, and that an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Applicant’s Signature \_\_\_\_\_

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

**ARLINGTON PUBLIC SCHOOLS**  
Human Resources Department

**CHECKLIST FOR YOUR INITIAL LICENSURE APPLICATION**

Teachers, principals, guidance counselors, school psychologists, school social workers, school managers, vocational evaluators, and superintendents are required to hold a valid by the Virginia Department of Education. **Licensure documents for all personnel are due to Adora Aldana within 30 days from your start date.** Otherwise, your contract may be null and void, and you may be placed on substitute pay status.

- REQUIRED Application for a Virginia License:** Complete pages 1 and 2.
- REQUIRED Application fee:** The fee is determined by your address on the application: \$50.00 for Virginia residents; \$75.00 out-of-state. A check or money order, payable to the *Treasurer of Virginia*, is accepted.
- REQUIRED Official transcript(s) conferring all degree(s) and transfer credits:** The VDOE does not accept photocopies, PDFs, eSCRIP-SAFE transcripts. Transcripts by third-party vendors like Parchment and Transcripts Network must arrive in a sealed envelope.
- REQUIRED Child Abuse Recognition and Intervention Training:** Submit a copy of your certificate from the free 90-minute training available at <http://www.dss.virginia.gov/abuse/mr.cgi>. Select the "Required Training/Courses" tab under the heading "Child Protective Services." Then, select the "CWSE 5691Child Abuse and Neglect: Recognizing, Reporting, & Responding (for educators) (Web page).
- REQUIRED Emergency First Aid, CPR, and Use of AEDs:** Evidence of the certification or training in emergency first aid, cardiopulmonary resuscitation, and the use of automated external defibrillators shall include hands-on practice of the skills necessary to perform cardiopulmonary resuscitation.
- REQUIRED Dyslexia Awareness training:** Submit a copy of your certificate from the free module available at: <http://www.doe.virginia.gov/teaching/licensure/dyslexia-module/story.html>.

**College Verification Form (if applicable):** If you completed a teacher preparation program, send the form to the Licensure Office at the college or university where you completed your program. The university licensure official or designee should complete the required information and return it directly to APS, Human Resources.

**Report on Experience Form\* (if applicable):** If you have full-time contracted teaching experience in grades K-12, complete the upper portion of the form and send it to your previous employer. The Human Resources Official or manager must sign, date, and return the form directly to APS, Human Resources.

**School Counselor Training (if applicable):** Persons seeking initial licensure or renewal of a license with an endorsement as a school counselor must complete training in the recognition of mental health disorder and behavioral distress, including depression, trauma, violence, youth suicide, and substance abuse. Additional information on how to meet the requirement will be provided soon. Use the link to access the license application below for updates.

**Out-of-State Teaching Licenses\* (if applicable):** If you have a valid out-of-state teaching licenses, submit a copy.

**Test scores (if applicable):** We can apply for the license without your test scores.

**Industry Certification (if applicable):** Every teacher seeking initial licensure with an endorsement in career and technical education shall have an industry certification credential in the area in which the teacher seeks endorsement. The eight broad career and technical areas required to hold an industry certification include: Agriculture Education, Business and Information Technology, Family and Consumer Sciences Education, Health and Medical Sciences Education, Marketing, Military Science, Technology Education, Trade and Industrial Education. An Industry certification credential is earned by successfully completing a Board of Education-approved industry certification examination, being issued a state professional license, or successfully completing an occupational competency examination. For more information, refer to the *Industry Credential Guidance Document* available on the Virginia Department of Education's Web site.

**USE THIS LINK TO ACCESS THE LICENSE APPLICATION**

<http://www.doe.virginia.gov/teaching/licensure/application-license.docx>

QUESTIONS? Contact Adora Aldana at [adora.aldana@apsva.us](mailto:adora.aldana@apsva.us) or 703-228-6308



**ATTENTION teachers at Title I schools  
be advised of the following:**

Under the guidance of *Every Student Succeeds Act of 2015 (ESSA)* and the responsibility for licensure set forth in § 22.1-298.1 of the Code of Virginia, school divisions are being required to send notifications to parents in Title I schools if their children are taught four or more weeks by a teacher who is not properly licensed and endorsed in Virginia to teach the class to which the students are assigned.

If you are working at any of the following locations:

**APS Title I Schools**

Abingdon Elementary School  
Barcroft Elementary School  
K.W. Barrett Elementary School  
Campbell Elementary School  
Carlin Springs Elementary School  
Drew Model Elementary School  
Hoffman-Boston Elementary School  
Randolph Elementary School

Your initial license application packet or your Virginia teaching license must be received in the HR Department within thirty days from your start date. Otherwise, the parents of your Title I students will be notified you are not properly licensed and endorsed to teach the class to which the students are assigned.



# Arlington Public Schools

Anna M Samayoa – Payroll Administrator

2110 Washington Blvd., Arlington, VA 22204 703-228-6099 Phone 703-807-0146 Facsimile

## REQUEST TO TRANSFER UNUSED SICK LEAVE TO ARLINGTON COUNTY PUBLIC SCHOOLS FROM OTHER DISTRICT

To Human Resources/Payroll Manager:

School Division Name: \_\_\_\_\_

School Division Representative: \_\_\_\_\_

**The individual listed below was previously employed by your School District and has requested to transfer his/her unused sick leave to our district.**

According to the provisions of the State Sick Leave Plan of Virginia, Employees with experience in another Virginia public school division may transfer up to NINETY (90) days of accumulated sick leave from their former Virginia school division within one year of their departure, as certified by the previous school division.

Employees have one year from resignation/retirement date to complete this form to have sick days transferred to Arlington Public Schools.

Employee SSN 

			-				-			
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Employee Name \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Transfer  Entire Balance  Partial Balance Amount of hours/days \_\_\_\_\_

Employee's Termination/Retirement Date: \_\_\_\_\_

School Division Representative:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Please send form to:  
2110 Washington Blvd. Arlington, VA 22204

Attention: Anna Samayoa

Or Fax to: 703-807-0146

Or e-mail: [anna.samayoa@apsva.us](mailto:anna.samayoa@apsva.us)

## Arlington Public Schools Substitute Teacher Assignment Network (STAN) Profile

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle

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

Payroll Telephone Number (include area code) \_\_\_\_\_ STAN Call Number \_\_\_\_\_  
 May we release your telephone number to schools or teachers: Yes or No

Degree Type (s) with subject area (s): \_\_\_\_\_

Certified: Yes or No If yes, list area of certification \_\_\_\_\_

**Please indicate one:** \_\_\_\_\_ New Substitute \_\_\_\_\_ Addition \_\_\_\_\_ Complete change

**I am available to work on the following days (please circle):**

AM	M	T	W	TH	F
PM	M	T	W	TH	F

**Please indicate the category that applies to you:**

\_\_\_\_\_ I am willing to work at all schools  
 \_\_\_\_\_ I am willing to work at all elementary schools  
 \_\_\_\_\_ I am willing to work at all middle schools  
 \_\_\_\_\_ I am willing to work at all high schools

**If you are willing to work only at specific schools or locations, indicate the schools below (please circle):**

Abingdon	Hoffman Boston	Tuckahoe	H-B Woodlawn
Arlington Traditional	Jamestown		Career Center
Ashlawn	Key	Gunston	Stratford Program
Barcroft	Long Branch	Jefferson	Arlington Mill
Barrett	McKinley	Kenmore	Langston
Campbell	Nottingham	Swanson	Family Center
Carlin Springs	Oakridge	Williamsburg	New Directions
Claremont Immersion	Randolph		Outdoor Learning Lab
Drew Model	Reed	Wakefield	
Glebe	Science Focus	Washington-Lee	
Henry (Patrick Henry)	Taylor	Yorktown	

Please indicate the subject area preferences for which you are qualified to substitute or have an interest in substituting:

**Teacher Assignments**

- \_\_\_\_ Art
- \_\_\_\_ Career Center
- \_\_\_\_ Computer Science
- \_\_\_\_ Biology
- \_\_\_\_ Business Education
- \_\_\_\_ Chapter1/Title 1 Reading
- \_\_\_\_ Chemistry
- \_\_\_\_ Drama
- \_\_\_\_ Drivers Education
- \_\_\_\_ Elementary
- \_\_\_\_ English
- \_\_\_\_ ESOL / HILT
- \_\_\_\_ French
- \_\_\_\_ German
- \_\_\_\_ History
- \_\_\_\_ Home Economics/Family  
    Consumer Science
- \_\_\_\_ Technology Education
- \_\_\_\_ Interlude
- \_\_\_\_ Kindergarten

- \_\_\_\_ Latin
- \_\_\_\_ Librarian
- \_\_\_\_ Math
- \_\_\_\_ Montessori
- \_\_\_\_ Music
- \_\_\_\_ Vocal
- \_\_\_\_ Instrumental
- \_\_\_\_ Pre-School
- \_\_\_\_ Physical Education
- \_\_\_\_ Physics
- \_\_\_\_ Reading
- \_\_\_\_ Science
- \_\_\_\_ Secondary
- \_\_\_\_ Secondary Vocational Education
- \_\_\_\_ Social Studies
- \_\_\_\_ Special Education
- \_\_\_\_ Pre-School
- \_\_\_\_ Elementary
- \_\_\_\_ Secondary
- \_\_\_\_ Spanish
- \_\_\_\_ Study Skills

**Assistant Assignments**

- \_\_\_\_ Kindergarten Assistant
- \_\_\_\_ Library Assistant
- \_\_\_\_ Montessori Assistant
- \_\_\_\_ Personal Assistant
- \_\_\_\_ Pre-School Assistant
- \_\_\_\_ Pre-School Special Ed Asst.
- \_\_\_\_ Resource Assistant
- \_\_\_\_ Special Education Asst.
- \_\_\_\_ Teacher's Assistant

**EMERGENCY INFORMATION (OPTIONAL)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**REMARKS:** \_\_\_\_\_



TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In order to receive salary credit for my previous teaching experience, I need to verify my service as a teacher in your school system. Please complete the bottom of this form below and mail/e-mail the completed form to:

Supervisor, Talent Management  
**human.resources@apsva.us**  
 Arlington Public Schools  
 2110 Washington Blvd.  
 Arlington, VA 22204

I was employed in your school system from \_\_\_\_\_ to \_\_\_\_\_  
 (Month/Year)  
 \_\_\_\_\_ under the name of \_\_\_\_\_  
 (Month/Year)

Signature \_\_\_\_\_ Date \_\_\_\_\_

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This is to certify that \_\_\_\_\_ was employed as a teacher under  
 (Name)  
 contract in \_\_\_\_\_, \_\_\_\_\_ during the school terms below.  
 (City/County) (State)

SCHOOL TERM	PERCENTAGE OF POSITIONS **		NUMBER OF DAYS EMPLOYED
	FULL TIME	PART TIME	

**(For Virginia school districts only)** Was the employee listed above on a continuing contract their last year at your school system: \_\_Yes \_\_No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

*\*\*Please indicate whether full-time or part-time; if part-time indicate percentage of position.*