

Dr. Lisa Pennycuff
Division Superintendent



William A. Barnes, Jr.
Assistant Superintendent

Prince George County Public Schools
6410 Courts Drive
Prince George, VA 23875
Phone: (804) 733-2700 Fax: (804) 733-2737

General Application Form

Name _____ Phone No. _____
(Last) (First) (Middle)

Address _____ Work Phone _____
(Street)

(City) (State) (ZIP)

Email Address _____

Are you a former employee of Prince George County Public Schools? Yes No
If yes, dates of last employment _____ Position _____
Are you a U.S. citizen? Yes No If not, are you eligible to work in the U.S.A.? Yes No

Indicate Position(s) Desired for Which You Are Applying		
<input type="checkbox"/> Clerical	<input type="checkbox"/> Car Driver	<input type="checkbox"/> Mechanic
<input type="checkbox"/> Instructional Assistant	<input type="checkbox"/> Food Service	<input type="checkbox"/> Substitute Teacher
<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Custodian	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bus Aide	<input type="checkbox"/> Maintenance	<input type="checkbox"/> _____

Substitute teachers shall:
* be at least 18 years old or older to substitute in the elementary schools. If under 21 years old, substitute teacher must be enrolled in an accredited college;
* be at least 21 years old or older to substitute in the secondary schools and hold a high school diploma or have passed a high school equivalency examination approved by the Board of Education;
* possess good moral character;
* attend orientation to school policies and procedures

Prince George County Public County Schools does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, handicapping conditions, or sex in its education programs or employment.

I. EDUCATION AND TRAINING

Name of Institution	Address	Dates Attended	Degree	Major & Minor
H.S.:				
College:				
Graduate:				
Other:				

II. WORK EXPERIENCE (List chronologically and attach a sheet if necessary)

Employer	Address	Kind of Work	Dates of Employment	Personnel Use

III. WORK-RELATED REFERENCES

Name	Position/Relationship	Mailing Address	Phone Number

REFERENCES ARE SECURED BY THE APPLICANT AND MUST BE ON FILE BEFORE APPLICATION CAN BE CONSIDERED.

IV. GENERAL INFORMATION

Date Available for Employment _____ Are you under contract? No Yes
month/day/year

If yes, where? _____ Present Position _____

If yes, have you inquired that you can be released if offered another position? No Yes

If presently employed, why do you wish to change? _____

Referral Source: Advertising/Posting Employee Friend Other _____

If you check YES to any of the following questions, please explain in detail in the space provided.

Have you ever been discharged or requested to resign from a position?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you ever had a certificate or license revoked or suspended?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you ever been convicted of a violation of law other than a minor traffic violation? (Including, but not limited to, misdemeanors, felonies, driving while intoxicated even if no time was served.)	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you ever been convicted of a crime of moral turpitude? (This includes misdemeanor crimes involving lying, cheating, and stealing, including making a false statement and petit larceny.)	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you ever been investigated by the Department of Social Services (Child Protective Services Unit) for abuse or neglect with a result of "founded" or reason to suspect?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you ever been convicted of any offence involving the sexual molestation, physical or sexual abuse, or rape of a child?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Are any criminal charges or proceedings pending against you?	<input type="checkbox"/> NO <input type="checkbox"/> YES

Please explain your YES response here:

I understand and agree that by signing and submitting this application, I certify (i) that I have not been convicted of a felony or any offense involving the sexual molestation, physical or sexual abuse or rape of a child; (ii) that I have not been the subject of a founded case of child abuse and neglect; (iii) that I have not been convicted of a crime of moral turpitude; AND I further understand that if I make a materially false statement regarding any of the above, I will be guilty of a Class 1 misdemeanor.

Name (Print) _____

Signature _____

Date _____



PHYSICIAN'S CERTIFICATE - PUBLIC SCHOOL EMPLOYEE

NAME: _____

ADDRESS: _____

SEX: _____ DATE OF BIRTH: _____

On basis of tine test, chest x-ray, examination, and/or assessment, I hereby certify that the above named individual is believed to be free of communicable tuberculosis on this date.

SIGNED _____, MD

ADDRESS _____

DATE _____ TELEPHONE _____

I am a licensed physician in _____ (state or district) United States.

Code of Virginia, Section 22.1-300, requires a physician's certificate or x-ray as a condition of employment and requisite continuation thereafter for every public school employee showing the employee to be free of communicable tuberculosis.



Public Schools

**P. O. Box 400
Prince George, VA 23875
(804) 733-2700**

AUTHORIZATION TO OBTAIN INFORMATION

I authorize the Prince George County Public School Division or any other agent for the Division to perform a background investigation in connection with my application for employment. This investigation may include, but is not limited to, information as to criminal history, credit history check, schools attended, police convictions, records maintained by the Virginia Department of Motor Vehicles, personal references, professional references, previous employers, medical records, and other appropriate sources.

I authorize the release of any information that the Prince George County School Division or any other agent for the Division may request from the above sources.

I hereby release you, your organization, any other agent from the Division, or others from any and all liability or damage which may result from furnishing the information requested. I further understand that sources of information, as well as the information itself, cannot be revealed to me.

Applicant's Signature

Date

Print Name

Date of Birth

Address

Social Security Number

City/State/Zip

Position Applied For



Public Schools

**P. O. Box 400
Prince George, VA 23875
(804) 733-2700**

To: All Employees

From: Human Resources Department

RE: Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) and Bloodborne Pathogens

Each building principal has a copy of the complete Virginia law relating to infection with human immunodeficiency virus and bloodborne pathogens. In short, the law states that the results of every test to determine infection with HIV "shall be confidential." The Prince George County School Board has adopted a policy (JHCCA in the policy manual) entitled Guidelines for School Attendance for Children with Human Immunodeficiency Virus. Attached are guidelines for preventing bloodborne infections in schools. Each employee is expected to familiarize himself/herself with this information and to implement the necessary precautions. All blood and body fluids should be treated as potentially infectious.

In keeping with School Board policy, mandatory in-service training will be provided to all contractual employees. Your immediate supervisor will notify you in advance as to the date and time so that you can make the necessary arrangements to attend.

/wl
Attachments

GUIDELINES FOR PREVENTING BLOODBORNE INFECTIONS IN SCHOOLS

All blood and body fluids of all persons must be treated as potentially infectious and as if they contain bloodborne pathogens, such as human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV). HBV can be found in saliva, and other body fluids, such as urine, vomitus, nasal secretions, sputum, and feces. Universal precautions and infection control measures should be observed by all students and staff when anticipating or coming in contact with any blood or body fluids. Diligent and proper hand washing; the use of barriers such as gloves; appropriate disposal of waste products and needles; and proper care of spills are essential measures to ensure adequate infection control.

The following precautions and infection control measures should be adhered to without exception:

1. Wear disposable gloves when performing procedures such as: cleaning surfaces contaminated with blood or body fluids, rendering first aid or providing assistance with toileting or diaper changes, performing medical procedures or in any other situation in which exposure is anticipated. Avoid exposure of open skin lesions and mucous membranes to blood or body fluids.
2. Wash hands vigorously with soap under a stream of running water for at least **20** seconds immediately after performing the above procedures and after removing gloves. If soap and water are unavailable, use bacteriostatic wet towelettes or hand sanitizer.
3. Surfaces contaminated with blood/body fluids should be promptly cleaned up with paper towels and disinfected with an approved disinfectant or household bleach (1 part bleach to 9 parts water). Diluted bleach solution must be made fresh daily, in order to be effective.
4. Dispose of gloves, soiled towels, and other waste in sealed plastic bags and place in garbage or approved biohazard waste receptacle.
5. Body waste should be disposed of in the toilet. If such body fluids as urine and vomitus are spilled, the body fluids should be covered with an absorbent sanitary material, gently swept up and discarded in sealed plastic bags.
6. **Any employee who has an exposure incident must immediately take the following precautions.** (An exposure incident is a specific eye, mouth, other mucous membrane, or non-intact skin contact with blood or other potentially infectious materials that results from the performance of an employee's duties.)
 - If contamination of the skin with blood or body fluids occurs, wash the contaminated skin area with soap and water for at least 30 seconds. If the mucous membranes (i.e. eye, mouth or nose) are contaminated by a splash of potentially infectious material, irrigate or rinse with water for 15 minutes. There is NO scientific evidence that the use of antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Caustic agents such as bleach are NOT recommended.

- **Immediately report the exposure to your supervisor or building principal.** Prompt reporting is essential because, in some cases, post-exposure treatment may be recommended and it should be started as soon as possible.
 - Complete the Bloodborne Pathogens Exposure Incident Report Form (School Board Policy File EBAB-F) and Workers Compensation Forms. These forms should accompany the employee to the physician's office at the time of medical evaluation.
7. The employee's supervisor or principal shall immediately report an exposure incident by telephone to the Superintendent or designee and the Health Services Coordinator at the time of the occurrence or at the time the incident is communicated by the employee, whichever occurs first.
 8. Following an exposure incident, the employee shall immediately be referred to a physician for evaluation and follow-up.
 9. For more information regarding bloodborne pathogens, refer to the school district's Bloodborne Pathogens Exposure Control Plan, located in the following areas:
 - * at the School Board Office, in the Offices of Human Resources and School Health Services; and
 - * at each school, in the Principal's Office and Nurses' Clinic.

Adopted: August 11, 2008

Resources: Centers for Disease Control
Virginia Department of Health
Crater Health District
Virginia Department of Education
OSHA Bloodborne Pathogens Standard 29 CFR--1910.1030



Public Schools

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EFFECTIVE IMMEDIATELY

REQUIRED OF ALL EMPLOYEES

In order to be employed in Prince George County Public Schools and comply with Guidelines for Preventing Bloodborne Infections in Prince George County Public Schools, please return this form.

I have read this policy and agree to abide by its' contents.

Date

Signature

Print Name

DRUG AND ALCOHOL-FREE WORKPLACE

I. PURPOSE

The purpose of this policy is to provide a drug and alcohol-free workplace by establishing standard procedures for drug and alcohol testing for all employees required to hold a Commercial Driver's License. The Prince George County Public School Division has a vital concern for the health and safety of its employees and the students under its supervision. The use of alcohol, anabolic steroids, or illegal drugs is inconsistent with the behavior expected of employees, subjects all employees and students to unacceptable safety risks, and undermines the school system's ability to operate effectively and efficiently.

The school division will establish a drug-free awareness program to inform employees about the dangers of drug abuse in the workplace and to make them aware of the division's drug and alcohol-free policy and regulations.

II. GUIDELINES

All employees are expected to adhere to the following guidelines:

- No employee shall, at any time and in any place, unlawfully manufacture, distribute, dispense, possess, be under the influence of, or use any narcotic drug, hallucinogenic drug, amphetamines, barbiturates, marijuana, anabolic steroids or any other controlled substance as defined in the Drug Control Act of 1988, Chapter 15.1 of Title 54 of the Code of Virginia, and as defined in Schedules I through V of 21 U.S.C. 812, or drug paraphernalia as defined in § 18.2-265.1 of the Code of Virginia.
- No employee shall manufacture, distribute, dispense, possess, be under the influence of, or use alcohol on School Board property, while performing School Board business, during duty hours, or while attending any school-sponsored activity.
- Upon reasonable suspicion that an employee is in violation of this regulation, the Superintendent, or his designee, may require the employee to be tested for alcohol by use of a breathalyzer or (equivalent device) or other appropriate tests, or tested for drugs at a designated facility. Reasonable suspicion is defined as a belief based upon objective facts and the rational inferences, which may be drawn from such facts or based on direct or reported observations. A factual foundation may include, but is not limited to, observation of the employee's behavior or performance such as bloodshot eyes, dilated pupils, staggering, odor of alcohol, erratic behavior or other behavior uncharacteristic of the person, vehicular or personal injury accidents, agitation, explosiveness, altercations or violence,

- excessive absenteeism and tardiness patterns, lethargy, or apparent consumption of alcohol or controlled substances. Employees refusing to submit to alcohol or drug testing in such cases may be dismissed.
- Any employee who is convicted of any drug-related criminal offense shall notify the Superintendent, or his designee, within five calendar days of the conviction.

III. EMPLOYEE ASSISTANCE

The school system recognizes that alcohol and drug dependencies are illnesses and major community health problems. Early recognition and treatment of alcohol and drug abuse are essential to successful rehabilitation.

Employees voluntarily seeking assistance for a substance abuse problem through a medical source will not be disciplined as a result of their disclosure of prior drug or alcohol use, and treatment will be handled in confidence.

IV. SPECIAL TREATMENT

Employees are required to sign a form acknowledging that the employee is aware of regulations and its requirements.

Adopted: August 8, 2005

PRINCE GEORGE COUNTY PUBLIC SCHOOLS
ACKNOWLEDGMENT FORM FOR EMPLOYEES
DRUG AND ALCOHOL-FREE WORKPLACE

As a condition of employment with the Prince George County Public Schools, I certify the following:

1. I am aware of the school system's policy and regulation pertaining to a drug and alcohol-free workplace. I understand that I may be dismissed for any violation of this regulation, even if it is a first offense.
2. I agree to notify the Superintendent, or designee, if I am convicted by a federal, state, or local court of an illegal drug-related offense. I will inform the Superintendent, or designee, within five days of the date of such conviction. I understand that I may be dismissed for any such conviction.

Employee's Signature

Date

Type/Print Employee's Name

Adopted: August 8, 2005

Prince George County Public Schools

An Equal Opportunity Employer

6410 Courts Drive * P.O. Box 400 * Prince George, Virginia 23875 * (804) 733-2700

I have applied for a position in the Prince George County Public School System and would appreciate any information you may offer in regard to the items below. Please complete this form and return to the Personnel Department at the above address. ***I understand that this information will not be provided to me.*** Thank you for your response to this request.

Name of applicant (Type or Print)

Last four digits of SSN

Signature of applicant

Position Applied for

Date

Please check (✓) each of the items below.

Ability to work with others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed/ Applicable
Punctuality	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed/ Applicable
Oral and written communication	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed/ Applicable
Knowledge of Work	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed/ Applicable
Professionalism	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed/ Applicable
Ability to accept authority and supervision	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed/ Applicable
Reliability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed/ Applicable
Overall rating of this applicant	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Not Observed/ Applicable
Would you rehire this applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<i>If Applicable:</i> Position _____ Dates of Service _____		

Signed _____

Print Name _____

Title _____

Organization _____

Address _____

Date _____

(for additional comments, please use reverse side)

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Signed _____

Print Name _____

Title _____

Organization _____

Address _____

Date _____

(for additional comments, please use reverse side)