



APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Thank you for your interest in Mountaintop Montessori. We are committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, military status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances.

Full Name _____ Date _____
FIRST MIDDLE LAST

Address _____
STREET CITY STATE ZIP CODE

Phone Number (____) _____ Date available to begin work: _____

Social Security Number _____ - _____ - _____

Are you legally authorized to work in the United States? Yes No
(If hired, verification will be required consistent with federal law.)

Are you under the age of 18? Yes No
If under the age of 18, please state your age: _____
(The primary reason for this question is to address any child labor laws and/or child care licensing regulations.)

How were you referred to Mountaintop Montessori? _____

BACKGROUND INFORMATION

We require applicants for employment to undergo state and/or national criminal history checks.

EDUCATION

Type of School	School Name and Location	Highest Grade Completed	Course of Study Or Major
High School or G.E.D. equivalent		9 10 11 12/GED	
College or University		1 2 3 4	
College or University			
Vocational or Trade School			
Graduate School			
Other (including military training)			

List any work related certifications or licenses you currently possess: _____

List any special skills relevant to the position: _____

List any memberships in professional or civic organizations (exclude those which may disclose your race, color, religion or national origin): _____

REFERENCES

Name _____ Telephone No. () _____

Address _____

How does this reference know you? _____

Number of years known _____ Best time to call _____

Name _____ Telephone No. () _____

Address _____

How does this reference know you? _____

Number of years known _____ Best time to call _____

Name _____ Telephone No. () _____

Address _____

How does this reference know you? _____

Number of years known _____ Best time to call _____

EMPLOYMENT RECORD

List all employment experience for the past ten years, starting with the most recent or present employer. Using a separate section for each position, describe in detail all work experience, including periods of unemployment. You may include as part of your employment history any verified work performed on a volunteer basis. **Resumes may not be substituted in lieu of completing the following employment information.**

Current or most recent Employer _____ Address _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, kindly indicate reason _____ Primary responsibilities _____ _____	Phone () _____ From _____ Month Year To _____ Month Year Reason for Leaving _____ _____ _____
Previous Employer _____ Address _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, kindly indicate reason _____ Primary responsibilities _____ _____	Phone () _____ From _____ Month Year To _____ Month Year Reason for Leaving _____ _____ _____
Previous Employer _____ Address _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, kindly indicate reason _____ Primary responsibilities _____ _____	Phone () _____ From _____ Month Year To _____ Month Year Reason for Leaving _____ _____ _____

Please account for any gaps of unemployment: _____

**PLEASE READ CAREFULLY
AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

<p>I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.</p>	<p>Initials</p>
<p>I authorize Mountaintop Montessori and its representatives to contact any of the educators, employers and references listed on the application for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.</p>	<p>Initials</p>
<p>I authorize Mountaintop Montessori and its representatives to complete state and/or national background checks. I am entitled to copies of any such public records obtained by the School.</p>	<p>Initials</p>

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature _____ Date _____



Employee Emergency Contact Form

Date: _____

Name: _____

Address: _____

Phone: _____

Cell: _____

Person to Contact in Case of Emergency: _____

Phone: _____

Cell: _____

Doctor: _____ Phone: _____

Preferred Hospital: _____

Insurance: _____ Policy Number: _____

Allergies(Environmental): _____

Allergies(Medication): _____

Other Concerns (Medical Condition, Current Medications, Etc.): _____

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

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

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

Name <hr/> Address: <hr/> City State Zip Code <hr/> Contact Person Contact's Phone Number	Payment Code/ Fips Code (If assigned by Central Registry Unit) <hr/> Mandatory for all coded agencies
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- 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

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

Identifying Information for Person Being Searched:

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

CURRENT SPOUSE INFORMATION CHECK HERE IF NOT CURRENTLY MARRIED

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

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

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

Check here if you do not have children

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

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

Part III: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

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

Signature of Person to Be Searched

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

Part IV: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, 20 _____

Notary Public Signature

Notary Number

My Commission Expires: _____

Do not write below this line.

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

CENTRAL REGISTRY FINDINGS

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

Worker: _____ Date: _____

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

_____ Dept.of Social Services in reference to referral _____ phone# _____

_____ Dept.of Social Services in reference to referral _____ phone# _____

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

Signature of worker completing search: _____ Date: _____

OBI staff only

National Criminal Background Check For Employees or Volunteers Providing Care to Children, the Elderly and Disabled

Instructions to the Applicant/Volunteer and Business/Organization: Applicant must provide name, address and date of birth and must declare his or her criminal record information and sign in Section I. One Applicant fingerprint card (FD-258) must be completed and attached to this form. Business/Organization must complete all information in Section II. Record payment information in Section III. Once completed, mail this form, and one Applicant fingerprint card and payment to: Virginia State Police, Central Criminal Records Exchange, P.O. Box 27472, Richmond, VA 23261-7472.

I. To Be Completed By Applicant/Volunteer

APPLICANT OR VOLUNTEER – PLEASE READ THOROUGHLY			
The entity named as recorded below is entitled by Section 19.2-392.02 of the <u>Code of Virginia</u> to: 1) obtain a copy of any criminal history record I may have, 2) obtain a prompt determination as to the validity of criminal record(s) I may have before a final employment determination is made and 3) prior to the completion of the criminal record search(es) the qualified entity may choose to deny me unsupervised access to children, the elderly or disabled for which the entity provides care.			
Applicant/Volunteer Last Name	First Name	Middle Name	Date of Birth (mm/dd/ccyy)
Address	City	State	Zip Code
APPLICANT/VOLUNTEER CRIMINAL RECORD INFORMATION			
(check one; print clearly)			
<input type="checkbox"/> I HAVE BEEN convicted of, or under pending charge(s) or indictment(s) for the following crimes either within or outside the Commonwealth of Virginia. List all charges; use an additional form if necessary.			
1) Charge	Date	Jurisdiction (county & state)	Disposition
<input type="checkbox"/> Felony or <input type="checkbox"/> Misdemeanor			
2) Charge	Date	Jurisdiction (county & state)	Disposition
<input type="checkbox"/> Felony or <input type="checkbox"/> Misdemeanor			
<input type="checkbox"/> I HAVE NOT BEEN convicted of, or under pending charge(s) or indictment(s) for any crimes either within or outside the Commonwealth of Virginia.			
APPLICANT/VOLUNTEER DISCLOSURE			
By virtue of my signature I certify the name, address, personal descriptive information and criminal record disclosure is accurate as recorded on this document and the fingerprint impressions belong to me. I am apprised of the right to obtain and/or challenge the accuracy/completeness of the information contained in a criminal history record and may initiate a challenge by following the directions recorded on the reverse side of this form.			
Signature of Applicant/Volunteer		Date	

II. To Be Completed By Qualified Business or Organization

REQUEST FOR FINGERPRINT SERVICES	
I hereby submit this written request for the fingerprints attached to be searched through the CCRE and the Federal Bureau of Investigation to assist in determining suitability for employment/volunteering services in the care of children, the elderly or disabled. As recorded in the section below. I represent a qualified entity entitled to receive fingerprint-based searches pursuant to Section 19.2-392.02 of the <u>Code of Virginia</u> .	
Entity Name _____ Street Address _____ City _____ State _____ Zip Code _____	This request is for (check one): <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <p style="text-align: center;"><i>This form should be duplicated for your records.</i></p>
Date of Request	Signature of Authorized Agent
Printed Name	

III. Payment Options

(Check one payment choice – personal checks not accepted.)		Search Fees: Employment - \$37.00 Volunteer - \$26.00
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> State Police Charge Account	If using a credit card, provide the following: Account Name _____	
	Account Number _____	Expiration Date _____
<input type="checkbox"/> Certified Check/MoneyOrder/Business Check payable to Virginia State Police		
_____		_____
*Authorized Agent Signature		*Date

Notice to Applicant/Volunteer

Directions for Challenging a Criminal History Record

In the event you are determined not qualified to work or volunteer in a position that involves access to children, the elderly or disabled you may initiate a personal review of a criminal record. Please remember: you were fingerprinted for the position and the Central Criminal Records Exchange (CCRE) of the Department of State Police has determined the fingerprints are identical to criminal fingerprints on file at CCRE and/or the Federal Bureau of Investigation (FBI) and a conviction exists which is a barrier to employment or volunteering services. To initiate a review of a criminal record, follow these instructions:

CCRE – Criminal Record within the Commonwealth of Virginia

Report to State Police Administrative Headquarters between the hours of 8:00 am and 5:00 pm at 7700 Midlothian Turnpike, Richmond, Virginia and inform the receptionist you desire to challenge a criminal record. You must provide two forms of identification, one of which must contain a photograph. Your fingerprints will be obtained and searched against the criminal record fingerprint database and the criminal history record for the State of Virginia only will be reviewed with you. Should you have a discrepancy either at the charge or final disposition level you must address it with the contributor of the record or the court or arresting agency that submitted the record to CCRE. CCRE staff will provide the necessary guidance and information to establish contact with a contributing agency.

FBI – Criminal Record outside the Commonwealth of Virginia

Telephone the FBI, Special Correspondence Unit at (304) 625-3878 for instructions.

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

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

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

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

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

COMPLETE THE APPLICABLE LINES BELOW

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

Signature _____

Date _____

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037.

FORM VA-4 INSTRUCTIONS

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

PERSONAL EXEMPTION WORKSHEET

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

Line 1. You may claim an exemption for yourself.

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

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

NOTE: A spouse is not a dependent.

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

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

FORM VA-4

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

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

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

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

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

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

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

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

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

Employee Direct Deposit Enrollment Form

I hereby authorize my employer to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions indicated on this form. Further, I authorize the financial institution to accept and to credit any credit entries indicated by my employer to my accounts. In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until my employer and financial institution have received written notice from me of its termination in such time and in such manner as to afford my employer and the financial institution reasonable opportunity to act on it.

Employee Name: _____ Social Security # _____
Employee Signature: _____ Date: _____

1. Bank Name/City/State _____
Routing/Transit # _____ Account # _____
_____ checking _____ Savings I wish to deposit _____ or _____ entire net amount

2. Bank Name/City/State _____
Routing/Transit # _____ Account # _____
_____ checking _____ Savings I wish to deposit _____ or _____ entire net amount

3. Bank Name/City/State _____
Routing/Transit # _____ Account # _____
_____ checking _____ Savings I wish to deposit _____ or _____ entire net amount

Attach Voided Check

Tracking time and payroll

When you arrive at Mountaintop to fill a coverage need, please sign in on your time sheet, located in the main office. Before heading head, stop in the main office to sign out on your time sheet.

Mountaintop Employees and substitutes are paid monthly on the first of each month. Payment received on the first of a month typically includes payment for hours worked in the preceding two months.

For example, November 1st paycheck reflects hours worked during the following period:

- September 23 – September 30, final week in September
- October 1 - October 20, first three weeks in October

Should you have questions about payroll please contact Becky Harris (434-979-8886 or bharris@mountaintopmontessori.org).

SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS

Please Print

Last Name	First	Middle	Maiden	Social Security Number
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Current Mailing Address	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Name of Licensed/Registered Approved Facility/Provider	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Please respond to all four (4) questions below:

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia? Yes (convicted in Virginia) Yes (pending in Virginia) No

If yes to convicted or pending, specify crime(s): _____

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia? Yes (convicted outside Virginia) Yes (pending outside Virginia) No

If yes to convicted or pending, specify crime(s) and state, or other location: _____

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia? Yes (in Virginia) No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia? Yes (outside Virginia) No (outside Virginia)

If yes, specify state, or other location: _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.

Signature

Date

Explanation of Sworn Statement or Affirmation

Requirement: Sections 63.2-1704, 63.2-1720, 63.2-1721, 63.2-1722, 63.2-1724 and 63.2-1725 of the *Code of Virginia* (Code) require individuals to provide a sworn statement or affirmation to a licensing, approving or hiring authority, facility, or agency prior to licensure, registration, approval, employment, or provision of volunteer services. A sworn disclosure or affirmation is a statement completed by a person attesting to whether he has ever been: (i) convicted of or the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth, or (ii) the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. Additionally for family day homes, the person affirms if he, or if he knows that any person who resides in the home, has a sex offense conviction or is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. The statement or affirmation must be made available to the Department of Social Services' representative.

Who must comply: These individuals must provide sworn statements or affirmations:

- Applicant upon application for licensure or registration as a child welfare agency, and any subsequent person designated as applicant, licensee, or registrant;
- Agent at the time of application who is or will be involved in the day-to-day operation of the child welfare agency or who is or will be alone with, in control of, or supervising one or more of the children and any subsequent person designated as agent who will be involved in the day-to-day operation or will be alone with, in control of, or supervising one or more of the children;
- Any other adult living in the home of an applicant for licensure or registration or approval as a family day home, or any existing employee or volunteer, and subsequent employee or volunteer or other adult living in the home;
- Operator of family day home requesting approval by family day system;
- Person who signs the statement of intent to operate a religiously exempt child day center;
- Any person who will be expected to be alone with one or more children enrolled in a religious exempt child day center; and
- Any employee or volunteer of a licensed, registered, or approved facility who is involved in the day-to-day operations or who is alone with, in control of, or supervising one or more children.

Note: Any other child day center or family day home that has not otherwise met these requirements, and applies to enter into a contract with a local department to provide child care services to clients of a local department, must also submit a sworn statement or affirmation.

Exception: A parent-volunteer is not required to provide a sworn statement or affirmation. A parent-volunteer is a person supervising, without pay, a group of children that includes the parent-volunteer's own child in a program that operates no more than four hours per day, provided that the parent-volunteer works under the direct supervision of a person who has received satisfactory background checks as provided for in the Code.

Any person making a materially false statement regarding any such offense is guilty of a Class 1 misdemeanor.

Further dissemination of the sworn statement information is prohibited other than to the Commissioner's representative or a federal or state authority or court in order to comply with an express requirement in the law for that dissemination.

Consequence: If a person required to submit a sworn statement or affirmation (i) fails to submit a sworn statement or affirmation, or (ii) has been convicted of a barrier crime (specified below), or (iii) has been convicted of any other felony in the last five years, or (iv) has been the subject of a founded complaint of child abuse or neglect, and the facility refuses to separate that person from employment or service:

- Licensure, registration or approval of a child day program is prohibited;
- Licensure, registration or approval will be revoked and renewal of a license or registration or religiously exempt status will be denied;
- Religiously exempt status will be revoked; and
- The child welfare agency will not be permitted to receive federal, state or local child care funds.

Exception: A person who wants to operate or to volunteer or work at a facility covered by this regulation, but who is disqualified because of a criminal conviction, or a criminal conviction in the background check of any other adult living in a family day home governed by this regulation may apply for a waiver if: 1) a non-barrier crime felony conviction occurred less than five years ago, or 2) any other adult living in the home of a state regulated family day home applicant or provider has been convicted of not more than one misdemeanor offense of assault and battery or assault and battery against a family or household member. This other adult may not be an assistant or substitute provider.

BARRIER CRIMES FOR CHILD DAY PROGRAMS

including

- Licensed child day centers
- Religiously exempt child day centers
- Certified pre-schools
- Licensed family day homes
- Voluntarily registered family day homes
- Licensed family day systems
- Licensed system-approved family day homes
- The following if receiving federal, state, or local child care funds:
 - Local ordinance-approved family day homes
 - Programs of recreational activities offered by local governments
 - Unregulated family day homes (including in-home care)

(§§ 63.2-1717 D. 7., 63.2-1719, 63.2-1720, 63.2-1721, 63.2-1724, 63.2-1725 of the Code of Virginia)

<p>Also included as barrier crimes (in addition to the offenses listed below) are the conviction of any other felony unless 5 years have elapsed since the conviction and a founded complaint of child abuse or neglect within or outside the Commonwealth.</p> <p>Convictions include prior adult convictions, juvenile convictions and adjudications of juvenile delinquency if offenses involved would be a felony if committed by an adult within or outside the Commonwealth.</p>	63.2-1719
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OFFENSE * Or Equivalent Offense in Another State	CODE SECTION
Abduction (Kidnapping)	18.2-47 A or B
Abduction with Intent to Extort Money or for Immoral Purpose	18.2-48
Abuse and Neglect of Children	18.2-371.1
Abuse and Neglect of Incapacitated Adults	18.2-369
Adulteration of Food, Drink, Drugs, Cosmetics, etc.	18.2-54.2
Aggravated Malicious Wounding	18.2-51.2
Allowing a child to be present during manufacture or attempted manufacture of methamphetamine	18.2-248.02
Assault or Assault and Battery (Exception: Child day center may hire individual convicted of not more than one misdemeanor offense if 10 years have elapsed following the conviction, unless the person committed such offense while employed in a child day center or the object of the offense was a minor. § 63.2-1720 C)	18.2-57
Assault and Battery Against a Family or Household Member	18.2-57.2
Assisting individuals in unlawfully procuring prescription drugs (Felony Convictions)	18.2-258.2

Attempted Aggravated Sexual Battery	18.2-67.5
Attempted Forcible Sodomy	18.2-67.5
Attempted Object Sexual Penetration	18.2-67.5
Attempted Rape	18.2-67.5
Attempted Sexual Battery	18.2-67.5
Attempts to Poison	18.2-54.1
Bodily Injuries Caused by Prisoners, Probationers or Parolees	18.2-55
Breaking and Entering Dwelling House with Intent to Commit Other Misdemeanor	18.2-92
Burglary	18.2-89
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Drug Attempts (Felony Convictions)	18.2-257
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Possession and Distribution of Gamma-Butyrolactone or 1, 4 – Butanediol (Felony Convictions)	18.2-251.3
Possession of Burglarious Tools, etc.	18.2-94
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Threats of Death or Bodily Injury	18.2-60
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Voluntary Manslaughter	18.2-35

Tuberculosis Testing

In accordance with Virginia Childcare Licensing regulations and Mountaintop Montessori employment policies, each staff member shall submit documentation of a negative tuberculosis screening.

Documentation must be submitted no later than 21 days after commencement of employment. A follow up test must be completed at least every two years from the date of the initial screening or testing

Mountaintop Montessori has an account with First Med at Pantops. When you first arrive, you should let the check in clerk know that you are a Mountaintop employee and they will bill us accordingly. Although an appointment is not necessary, you may want to call ahead of time to verify their hours of operation and the timing for the follow up appointment that is necessary.

First Med at Pantops
125 River Bend Drive
Charlottesville, VA 22911
(434) 984-4200

Once you have completed the follow up visit, you **must submit documentation** of the screening to the office. This information will be retained in your personnel file and is required to be updated every two years.

Albemarle Sheriff's Office
411 E. High Street Bldg B
Charlottesville, VA 22902
(434) 972-4001

Fingerprinting is done only on Wednesday from 12:00- 4:00pm and Fridays from 8am-12pm.

The cost is \$10 – cash only