

## Student Onboarding Packet

### Student Onboarding Packet Contents:

- COVID-19 Protocol
- Employee Information
- Fingerprint Authorization Form
- 'fieldprint' Instructions
- Occupational Health Authorization for Treatment (*Tuberculosis ~TB~ Skin Testing Form*)
- VA Department of Social Services (*Central Registry Release*)

### **SPECIAL INSTRUCTIONS:** (See below)

#### **I. \*\*\*COVID-19 Protocol**

Please include a COPY of the following with your completed Onboarding Packet:

- a. CDC – COVID-19 Vaccination Record Card or Exemption Documentation (if applicable)

#### **II. Fingerprinting - 'fieldprint' Info:**

- a. You **MUST** make an appointment.  
b. Please follow the detailed instructions on the '*fieldprint*' form to schedule your appointment.

#### **III. Tuberculosis (TB) Skin Testing Info:**

- a. You do **NOT** need to make an appointment.  
b. **Retreat Hospital (Occupational Health) Walk-in hours are:**  
*Monday, Tuesday, Wednesday and Friday: 8a-11a and 1p-3:30p*  
c. Bring the **Occupational Health Authorization for Treatment Form** with you (from the New Hire Packet) to **Retreat Hospital**.

#### **IV. VA Department of Social Services (Central Registry Release) 3 pages:**

- a. Please complete and sign this form. Your original signature is required on the last page.  
b. The returned form must be error free with no scratch-outs nor 'wite-out' corrections.  
c. Scans/Emails of this form will **not** be accepted.  
d. There is a notary in the Talent Office. Your form will be notarized upon receipt.  
e. Please mail all three (3) pages of this form to:

**Richmond Public Schools - Talent Office**  
**Attention: Shirley Maxwell**  
**301 N. 9<sup>th</sup> St. – 15<sup>th</sup> floor**  
**Richmond, VA 23219**

**V. Please return the completed Onboarding Packet to me (by email)  
at: [smaxwell@rvaschools.net](mailto:smaxwell@rvaschools.net)**



# COVID-19 Protocol

Richmond Public Schools' COVID-19 Protocol  
**REQUIRES at least one** of the following (below):

**Please check the statement below that applies to you.**

- ☐ **I am fully vaccinated / I have started the vaccine process.** (Copy of CDC card is REQUIRED)
  
- ☐ **I have documentation of a Medical or Religious Exemption for the COVID-19 Vaccine. I will undergo weekly Covid Testing at the direction of the Risk Management Department.** (Copy of Exemption documentation is REQUIRED)
  
- ☐ **I have chosen not to get the COVID-19 Vaccine and will undergo weekly COVID Testing at the direction of the Risk Management Department.**

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**Employee Printed Name** (Required)

**Last four of SSN**

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**Employee Signature** (Required)



## EMPLOYEE INFORMATION:

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Complete form and return to Human Resources. Please print clearly.

Name:	
Address:	City, State Zip:
Social Security No:	Date of Birth:
Gender:	Race:
Home Phone:	Mobile Phone:
Personal email address:	Name of Emergency Contact:
Emergency Contact Phone Number:	Relationship to You:

Work Location:	(Employee ID No. – if available)
Position:	Start Date:



**FINGERPRINT AUTHORIZATION FORM**

**Before you have your fingerprints taken please be advised of the following:**

In accordance with Richmond Public Schools Administrative Code 4.04A, you are not qualified for employment with Richmond Public Schools if you have any felony convictions or have been convicted (misdemeanor or felony) of any offense involving sexual molestation, physical or sexual abuse or rape of a child or any convictions of moral turpitude.

In accordance with the above cited Code, if your criminal record reveals that you have any convictions (misdemeanor or felony) that you have not listed on your application, you will not be given any further consideration for employment with Richmond Public Schools.

If you have been to court and convicted for a charge other than a minor traffic violation, please make us aware of the situation.

If you are unsure as to how to respond to the application questions concerning previous convictions, please ask an HR staff member before your fingerprints are taken.

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

Last Name, First Name Middle Initial:	Social Security Number:
Address:	City/State/Zip:
Telephone Number :	Date of Birth:
Country of Birth:	State of Birth:
Height:	Weight:
Eye Color:	Hair Color:
Position:	School or Department:

**Type of Employment:**

Contracted

☐

Temporary

☐

Substitute

☐

HR Representative: \_\_\_\_\_ Name of Hiring Coordinator \_\_\_\_\_



**To schedule a fingerprinting appointment, please follow these simple instructions:**

1. Visit <http://fieldprintvirginia.com>
2. Click on the *"Schedule an Appointment"* button.
3. Enter an email address under *"New Users/Sign Up"* and click the *"Sign Up"* button. Follow the instructions for creating Password and Security Question and then click *"Sign Up and Continue"*.
4. Enter the 'fieldprint' Code provided by your employer (below):

**FPRichmondPublicSchoolVol**

5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choice.
6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with **two forms** of identification.
7. If you have any questions or problems, you may contact the customer service team at 877-614-4364 or [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com).

**Here is a list of locations:**

<u>Address</u>	<u>City</u>	<u>Hours of Operation</u>
2001 East Franklin Street	Richmond, VA	M TU W TH F 09:50 AM - 03:50 PM SA 09:00 AM - 12:50 PM Appointment required
2 East Nine Mile Road	Highland Springs, VA	M TU W TH F 10:00 AM - 04:00 PM Appointment required
7330 Staples Mill Road	Richmond, VA	M TU 09:00 AM - 06:00 PM W SA 10:00 AM - 02:00 PM TH F 09:30 AM - 03:00 PM Appointment required
3420 Pump Road	Richmond, VA	M TU 08:30 AM - 05:00 PM W TH F 10:00 AM - 06:00 PM SA 10:00 AM - 02:00 PM SU 01:00 PM - 04:30 PM Appointment required
12220 Chattanooga Plaza	Midlothian, VA	M TU W TH F 11:00 AM - 04:00 PM Appointment required
11357 Nuckols Road	Glen Allen, VA	M TU W TH F 09:00 AM - 05:00 PM SA 10:00 AM - 02:00 PM Appointment required
12750 Jefferson Davis Highway	Chester, VA	M TU W TH F 11:00 AM - 03:00 PM Appointment required
2900 Cedar Lane	Colonial Heights, VA	M TU W TH F SA 10:00 AM - 07:00 PM Appointment required
3829 Old Buckingham Road	Powhatan, VA	M W F 08:00 AM - 02:00 PM TU TH 03:00 PM - 09:00 PM Appointment required

**What to Bring**

When the new hire arrives to Fieldprint for their appointment they will need to provide the following:

- Appointment number (received when scheduling the appointment).
- Two forms of VALID identification (at least one has to be government issued).

**NOTE: If you fail to show for the appointment or cancel in less than 24 hours, a rescheduling fee will be charged.**

Moral Turpitude refers to "conduct that is considered contrary to community standards of justice, honesty or good morals."

Moral turpitude includes, but is not limited to the following convictions:

#### **FRAUD**

- Making false representation
- Knowledge of such false representation by the perpetrator
- Reliance on the false representation by the person defrauded
- An intent to defraud
- The actual act of committing fraud

#### **EVIL INTENT**

##### Crimes Committed Against Property

- Arson
- Blackmail
- Burglary
- Embezzlement
- Extortion
- False Pretenses
- Forgery
- Larceny
- Malicious destruction of property
- Receiving stolen goods
- Robbery
- Theft
- Transporting stolen property

##### Crimes Committed Against Government Authority

- Bribery
- Counterfeiting
- Fraud against revenue or other government functions
- Mail fraud
- Perjury
- Harboring a fugitive from justice
- Tax evasion

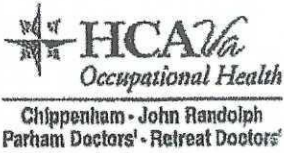
##### Crimes Committed Against Person, Family Relationship and Sexual Morality

- Abandonment of a minor child
- Assault
- Bigamy
- Paternity fraud
- Contributing to the delinquency of a minor
- Gross Indecency
- Incest
- Kidnapping
- Lewdness
- Manslaughter
- Mayhem
- Murder
- Pandering
- Prostitution
- Rape

##### Attempts, Aiding and Abetting, Accessories and Conspiracy

- An attempt to commit a crime deemed to involve moral turpitude
- Aiding and abetting in the commission of a crime deemed to involve moral turpitude
- Being an accessory (before or after the fact)
- Taking part in a conspiracy (or attempting to take part in a conspiracy)





## Occupational Health Authorization For Treatment

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Employer Richmond Public Schools Date of Birth \_\_\_\_\_

### Exam Evaluation – Non-Transportation

☐ TB Skin Test

### Exam Evaluation – Transportation

☐ Physical Exam

☐ Drug Screen – Pre-Employment

☐ Breath Alcohol

☐ TB Skin Test

### Substance Abuse Testing (check all that apply)

Drug Screen: ☐ Random ☐ Reasonable Suspicion ☐ Post-Accident ☐ Other

Breath Alcohol: ☐ Random ☐ Reasonable Suspicion ☐ Post-Accident ☐ Other

Special Instructions: TB tests are not performed on Thursdays. Please no children are allowed on test site.

Comments: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Helen M. DeMena  
Signature

HELEN MCKEN'S-DE MENA  
Print

Phone: ( ) \_\_\_\_\_

Chippenham Hospital  
7153 Jahnke Road  
Richmond, Virginia 23225  
Phone: 804-483-1708 Fax:  
804-320-3593 Emergency:  
804-483-1900

Retreat Doctors' Hospital  
2621 Grove Avenue  
Richmond, Virginia 23220  
Phone: 804-254-5467  
Fax: 804-254-9898  
Emergency: 804-254-5489



**PLEASE  
COMPLETE,  
SIGN AND MAIL  
THE NEXT  
(3) PAGES**

**TO:**

**Richmond Public Schools – Talent Office**

**Attention: Shirley Maxwell**

**301 N. 9<sup>th</sup> St. – 15<sup>th</sup> Floor**

**Richmond, VA 23219**

**Search Fee \$10.00**

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

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

<b>Name</b> Alvina Jones	<b>Payment/FIPS Code</b> (Use only if assigned by OBI-CRU)  <b>B00803</b>  <b>Mandatory if agency code</b> <b>has been assigned</b>
<b>Address</b> 301 N. Ninth Street, 15th Floor	
<b>City</b> Richmond <b>State</b> VA <b>Zip</b> 23219	
<b>Contact Name</b> Alvina Jones <b>Tel.#</b> 804-780-7787 <b>Ext</b>	
<b>Contact E-Mail</b> ajones17@rvaschools.net	

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

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

**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	



## Print Full Name of Applicant

[illegible]



**Search Fee \$10.00**

**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 Public Signature

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

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

Notary Seal

**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