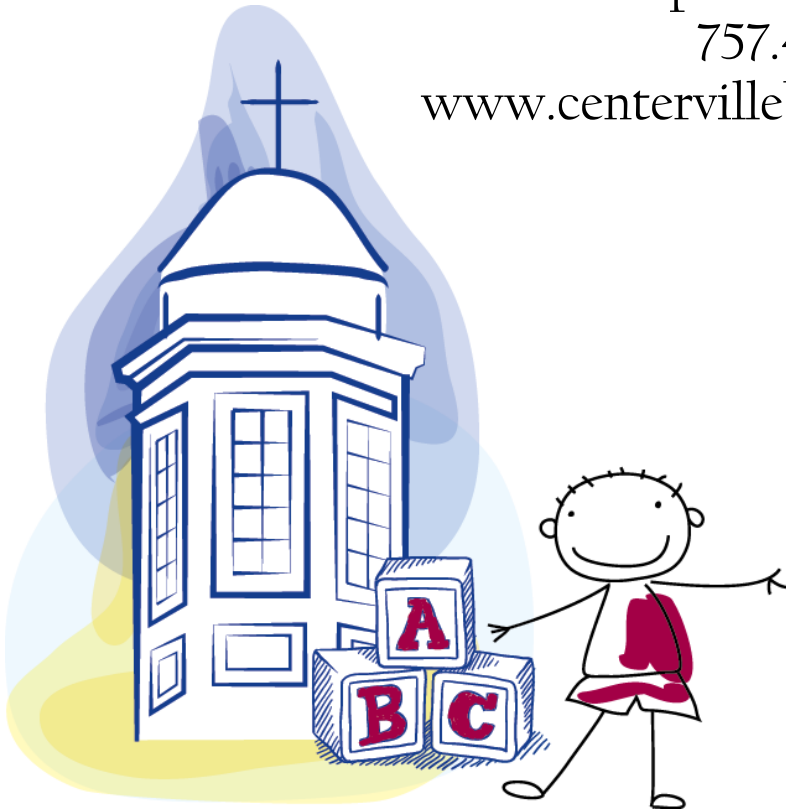


Centerville Baptist PreSchool  
908 Centerville Turnpike, South  
Chesapeake, Virginia 23322  
757.482.7595

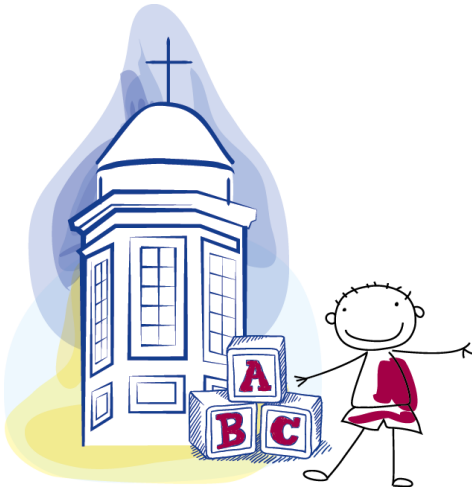
[www.centervillebaptistpreschool.com](http://www.centervillebaptistpreschool.com)



Cathy Curling, Director  
[cbcpreschool@verizon.net](mailto:cbcpreschool@verizon.net)

Employee and Volunteer Application Package

Please contact the Director if you have questions  
regarding the information included.



CBC PreSchool,  
Kindergarten & Parents' Morning Out  
908 Centerville Turnpike, S  
Chesapeake, Virginia 23322

cbcpreschool@verizon.net  
757.482.7595

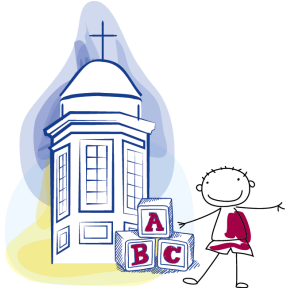
I, \_\_\_\_\_ authorize Centerville Baptist Church PreSchool to conduct background searches by the Department of Social Services for a Search of the Central Registry for Child Abuse and/or Neglect as well as states of residency within the past five (5) years. These are required for employment or volunteer services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

New applicants must schedule an appointment for a fingerprint clearance through The FBI and Virginia State Police.

Virginia Field Print website Facility ID: 105258  
Facility Code: FPVADSSRelExCDCEmp  
Facility Name: Centerville Baptist PreSchool



CENTERVILLE BAPTIST PRESCHOOL  
 908 Centerville Turnpike, S.  
 Chesapeake, Virginia 23322  
 757.482.7595

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Last Name	First Name	Middle
Address	City	State, Zip Code
Mobile	Home Phone	<input type="checkbox"/> Text
Social Security Number	E-Mail	

EMPLOYMENT INFORMATION

Position for which you are applying: \_\_\_\_\_

Are you employed at the present time? \_\_\_\_\_ If yes, please complete the information below

Employer's Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- How long have you been with this employer? \_\_\_\_\_ Current hourly wage: \_\_\_\_\_ Salary: \_\_\_\_\_
- If offered a position, when can you report to work? \_\_\_\_\_
- If hired, can you show proof of your legal right to work in the U.S.? \_\_\_\_\_
- Have you ever been dismissed or asked to resign from any position? \_\_\_\_\_
- Have you ever been convicted of a misdemeanor or felony which resulted in incarceration or imprisonment? \_\_\_\_\_

A "yes" answer to the above question does not necessarily disqualify an applicant from employment.

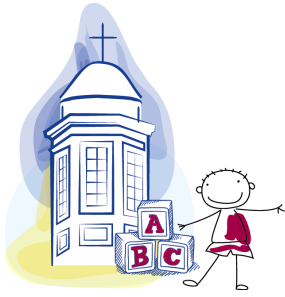
If you answered yes to the question 4 or 5, please explain: \_\_\_\_\_

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

EDUCATION

Please list your educational background and any other pertinent information about your education

School(s)	Dates of Attendance	Course of Study	Degree(s)
High School			
College			



TRAININGS AND CERTIFICATIONS

First Aid/CPR	<input type="checkbox"/>	Expiration Date
Daily Health Screening	<input type="checkbox"/>	Date of Training
MAT (Medication Administration)	<input type="checkbox"/>	Expiration Date
Recognizing Child Abuse and Neglect	<input type="checkbox"/>	Date of Training

Additional Training and Certifications

Please list any Certifications and Relevant Trainings that you have that are beneficial for this position: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYMENT HISTORY (Most Current to Least Current)

Name and Address of Employer	Position Held	Dates (Start-End)

REFERENCES

Name & Address	Phone/Email	Relationship

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

In consideration of my employment, I agree to conform to the rules and regulations of Centerville Baptist Church, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, by either me or Centerville Baptist Church. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with our without notice, at any time by Centerville Baptist Church.

\_\_\_\_\_  
 Signature Printed Name Date



## Virginia Employment-At-Will Notice

Virginia is an employment-at-will state; this means the employer may terminate any employee at any time, for any reason, or for no reason. As a general rule, therefore, the employee has no right to challenge the termination. There are a few very limited exceptions. For example, an employee may not be discriminated against or terminated because he/she has filed a safety complaint or exercised his/her rights under OSHA law. Virginia Code § 40.1-51.2.1. Also, federal law protects employees from discrimination because of age, race, sex, religion, national origin or handicap.

For more information, you may access the Virginia Department of Labor and Industry website:

[http://www.doli.virginia.gov/laborlaw/laborlaw\\_faqs.html](http://www.doli.virginia.gov/laborlaw/laborlaw_faqs.html)

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Signature

Printed Name

Date



Centerville Baptist Church  
908 Centerville Turnpike, South  
Chesapeake, Virginia 23322  
757.482.4466  
www.centervillebaptistchurch.org

## Receipt of Employee Handbook

The handbook is presented to provide you with information about your employment with Centerville Baptist Church, herein referred to as CBC. It has been prepared as a guide and reference only. This employee handbook is not a contract, either express or implied. CBC adheres to the policy of employment-at-will, which means that either you or CBC may terminate your employment at any time, for any reason, with or without cause and with or without notice.

The handbook is posted online at the following link: [http://centervillebaptistchurch.org/files/Handbooks/personnel\\_manual.pdf](http://centervillebaptistchurch.org/files/Handbooks/personnel_manual.pdf). It is the duty and responsibility of each individual to access the document.

The church reserves the right to revise, discontinue, suspend or modify any of the policies contained in this handbook at any time and at its sole discretion. CBC's policy of employment-at-will, however, may be modified only by formal contract, signed by both the employee and the pastor or his/her designee, evidencing CBC's intent to enter into a contract of employment.

I, \_\_\_\_\_, have received a copy of the CBC employee handbook. I understand that it is my responsibility to read it and to understand the policies outlined within it. I also understand that this handbook is not intended to serve as a contract, either express or implied, and that CBC has the right to revise, discontinue, suspend or modify any of the policies contained in this handbook at any time at its sole discretion, and that all such changes will be binding upon all employees.

I further understand that my employment with CBC is at-will, for no definite period of time, and that this status may be changed only by the pastor and Personnel Committee, and then, only if in writing.

This document is not intended as legal advice or a solution to an individual problem. You are encouraged to consult with legal counsel prior to the use of this form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS

Centerville Baptist PreSchool, Kindergarten and Parents' Morning Out  
 908 Centerville Turnpike, S., Chesapeake, Virginia 23322 757.482.7595

Please respond to all four (4) questions below:

Last Name	First Name	Middle Initial	Maiden Name	Social Security Number
Complete Address (Street, Unit, City, State, Zip Code)				

Have you lived outside Virginia in the past five years? Yes No

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), 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
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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
-----------------------	----

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.



Central Registry Search/ Virginia Department of Social Services: print the PDF from the following link  
MUST BE NOTARIZED

[https://www.dss.virginia.gov/files/division/licensing/background\\_index\\_childrens\\_facilities/founded\\_cps\\_complaints/032-02-0151-12-eng.pdf](https://www.dss.virginia.gov/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/032-02-0151-12-eng.pdf)

**New Hire Reporting:** § 63.2-1946. Virginia New Hire Reporting Center; State Directory of New Hires; reporting by employers.

A. The Virginia New Hire Reporting Center shall be operated under the authority of the Division of Child Support Enforcement. The Center shall operate and maintain the Virginia State Directory of New Hires. The Center is authorized to share information with the Virginia Employment Commission.

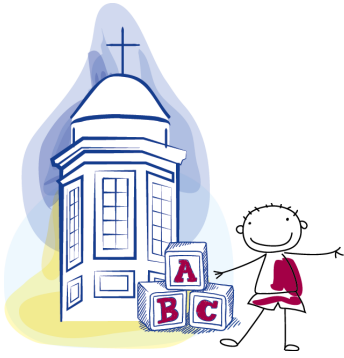
B. Each employing unit shall submit information concerning each newly hired employee, as defined in subsection H, to the Center within 20 days of the employment, as defined in § [60.2-212](#), of the newly hired employee. The information shall include the items required by § 453A of the Social Security Act, 42 U.S.C. § 653a, as amended.

I-9 Employment Eligibility Form: Print the form from this link <https://www.uscis.gov/sites/default/files/files/form/i-9.pdf>

Information sheet: [https://www.uscis.gov/sites/default/files/USCIS/Verification/I-9%20Central/Form I-9 Employee Information Sheet.pdf](https://www.uscis.gov/sites/default/files/USCIS/Verification/I-9%20Central/Form_I-9_Employee_Information_Sheet.pdf)

W-4 form: print from the following link—<https://www.irs.gov/pub/irs-pdf/fw4.pdf>

Virginia Form VA-4—print from the following link: <http://tax.virginia.gov/sites/tax.virginia.gov/files/taxforms/withholding-tax/any/va-4-any.pdf>



## STAFF HEALTH REPORT Physician's Statement

**INSTRUCTIONS:** Please provide a copy of this form to each employee to be given to his/her examining physician.

The top portion of the form should be completed by the employee; the bottom portion must be completed and signed by the physician, physician's assistant, or licensed nurse practitioner.

The signature of an R.N. or L.P.N. is NOT acceptable. Staff must have this form completed and submit it on an ANNUAL basis.

Centerville Baptist PreSchool, Kindergarten & Parents' Morning Out  
908 Centerville Turnpike, S., Chesapeake, Virginia 23322

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Name of Staff Member

This statement is signed in compliance with the Code of Virginia, Section 63.2-1716.

I certify that \_\_\_\_\_ is free from any (Patient) disability which would prevent him/her from caring for children under his/her supervision.

Physician/Nurse Practitioner's Signature: \_\_\_\_\_

Physician/Nurse Practitioner's Printed Name: \_\_\_\_\_

Date \_\_\_\_\_ (Month/Day/Year)

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

Telephone Number: \_\_\_\_\_

**REPORT OF TUBERCULOSIS SCREENING  
CHILDREN'S PROGRAMS**

Standards and child care policy require certain individuals to submit a report indicating the absence of tuberculosis in a communicable form when involved with (i) children's facilities regulated by the Department of Social Services or (ii) legally operating child care programs, excluding care by relatives, that receive Child Care and Development Funds. Each report must be dated and signed by the examining physician, the physician's designee, or an official of a local health department. When signed by the physician's designee, the form must also identify the physician/physician practice with which the physician-designated screener is affiliated.

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

Address (Street, City, State, Zip Code): \_\_\_\_\_  
\_\_\_\_\_

1). \_\_\_\_ A tuberculin skin test (PPD) 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.

2). Tuberculin Skin Test (PPD): Date given: \_\_\_\_\_ Date read: \_\_\_\_\_

Results: \_\_\_\_\_ mm Positive: \_\_\_\_\_ Negative: \_\_\_\_\_

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

4). \_\_\_\_ The individual either is currently receiving or has completed 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.

5). \_\_\_\_ The individual had a chest x-ray on \_\_\_\_\_ (date) at \_\_\_\_\_ (location) 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/Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(MD/designee or Health Department Official)

\_\_\_\_\_  
(Print Name/Title)

Address (including name of practice, if appropriate):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_