PRINCE WILLIAM COUNTY PUBLIC SCHOOLS

EDWARD L. KELLY LEADERSHIP CENTER

Risk Management and Security Services 14715 Bristow Road, P.O. Box 389 Manassas, Virginia 20108 (703) 791-7210 – April Littlejohn (littleal1@pwcs.edu) (703) 791-7404/Fax

APPLICATION FOR SECURITY RESIDENCE

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

(Please Print or Type)

Application Date:		Da	te Available:	
Sype Applied For: A OTE: Apartments are one bed Mobile Homes require to A APPLICANT INFORMATION:	the purchase of the tra	ments	le Home	Both
Applicant Name:				
Address:		City:	_	State/Zip:
Home Phone #:	Cell #:		Work Phone #:	
Email Address:	@			
Place Employment:				
Days worked (e.g. Mon-Fri):	hours work	ked (e.g. 70	0 am – 4:00 pm):	
DULT (adults 18 years and ab	ove) CO-RESIDENT I	NFORMA	TION:	
Co-Applicant Name:				
Address:		City:	_	State/Zip:
Home Phone #:	Cell #:		Work Phone #:	
Email Address:	@			
Place Employment:				
Days of week and hours worked	:			
NAME OF CHILDREN THAT	WILL BE LIVING OF	N PREMIS	ES:	
Name of Child	Age		Name of Child	Age
GENERAL INFORMATION		, ,	. 1 1	6 41: 22
Vhat special skills, training, certif	ications, etc., do vou fee	et vou have	to heln you qualify	tor this position?

Have you or your co-resident ever be ninor traffic violations)? YES		rime or been the subject of a CPS i	nvestigation (excluding
f YES, describe in full:			
IST ALL RESIDENCES FOR T	HE PAST FIVE (5) YEARS:	
Address	Date	Landlord/Address	Landlord Daytime Phone #
ERSONAL REFERENCES: (N	o former employer	s or relatives)	
Name		Address	Daytime Phone #
MPLOYMENT BACKGROUNI	2: List present/past	t employment starting with most re	cent:
Employer's Name/Address	Dates Employed	Job Title and Major Duties	Supervisor Name/ Daytime Phone #
ay we contact employers listed abo	ove? YES No	0 🗆	
NO, indicate which one(s):			
ne facts set forth in my application chool Division to perform a charac		ete. Permission is hereby given to a police record check on me.	the Prince William County
Applicant's Signature:		Date:	
Co-Applicant's Signature:		Date:	

BACKGROUND INVESTIGATION RELEASE AND WAIVER (Applicant 1)

(Print Name) make available to any c information concerning	duly authorized representative or	, do hereby authorize and request that you the Prince William County Public School Division ent history, and personal character. This is in				
connection with my ap	plication for employment with t	he Prince William County Public School Division.				
	SIGNED:					
	DATE:					
	WITNESS:					
NOTE: This release is not valid unless the applicant's signature is witnessed. Witnesses must be at least 18 years of age. Thank you. (Please Print)						
Applicant's Name		Soc. Sec.#				
Current Address						
Previous Address						

BACKGROUND INVESTIGATION

RELEASE AND WAIVER (Applicant 2)

I,		, do hereby authorize and request that you
(Print Name)		
make available to any duly	authorized representative	e of the Prince William County Public School
Division information concern	ning my background, emplo	oyment history, and personal character. This is in
connection with my applicati	on for employment with th	e Prince William County Public School Division.
	SIGNED:	
	DATE:	
	WITNESS:	
Witnesses must be	e at least 18 years of age. (Please Pr	
Co-Applicant's Name		Soc. Sec.#
Current Address		
Previous Address		