

PRINCE WILLIAM COUNTY PUBLIC SCHOOLS

Security Operations Center
Security and Crisis Readiness Department

Venus Bigby (571) 222-4357
soc@pwcs.edu

APPLICATION FOR SECURITY RESIDENCE

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

(Please Print or Type)

Application Date: _____

Date Available: _____

APPLICANT INFORMATION:

Applicant Name:		
Address:	City:	State/Zip:
Home Phone #:	Cell #:	Work Phone #:
Email Address: _____ @ _____		
Place Employment:		
Days worked (e.g. Mon-Fri): _____ hours worked (e.g. 700 am – 4:00 pm): _____		

ADULT (adults 18 years and above) CO-RESIDENT INFORMATION:

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 ON PREMISES:

Name of Child	Age	Name of Child	Age

GENERAL INFORMATION

What special skills, training, certifications, etc., do you feel you have to help you qualify for this position?

Have you or your co-resident ever been convicted of a crime or been the subject of a CPS investigation (excluding minor traffic violations)? YES NO

If YES, describe in full: _____

LIST ALL RESIDENCES FOR THE PAST FIVE (5) YEARS:

Address	Date	Landlord/Address	Landlord Daytime Phone #

PERSONAL REFERENCES: (No former employers or relatives)

Name	Address	Daytime Phone #

EMPLOYMENT BACKGROUND: List present/past employment starting with most recent:

Employer's Name/Address	Dates Employed	Job Title and Major Duties	Supervisor Name/ Daytime Phone #

May we contact employers listed above? YES NO

If NO, indicate which one(s): _____

The facts set forth in my application are true and complete. Permission is hereby given to the Prince William County School Division to perform a character check as well as a police record check on me.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

**BACKGROUND INVESTIGATION
RELEASE AND WAIVER
(Applicant 1)**

I, _____, do hereby authorize and request that you
(Print Name)
make available to any duly authorized representative of the Prince William County Public School Division
information concerning my background, employment history, and personal character. This is in
connection with my application for employment with the 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 of the Prince William County Public School
Division information concerning my background, employment history, and personal character. This is in
connection with my application for employment with the 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)

Co-Applicant's Name _____ Soc. Sec.# _____

Current Address _____

Previous Address _____
