



Employment Processing (Fingerprint/Mandates) Requirements

As a condition of employment, participation in an Employment Processing (Fingerprint/Mandates) session is required. The following documents must be **pre-completed** and **turned in** at your session. Please read and follow specific instructions for each form:

- Fingerprint Authorization Form - Pg. 2 (If under 18, you do not need to complete this form.)
- Employment Requirements Form - Pg. 3 (You must bring TB Test Results in hand to your processing session)
- I9 - Pg. 4 (Complete Section 1; The Last Name (Family Name) field should reflect your current last name. Use mm/dd/yyyy format on all date of birth and date fields. Fill in all fields, do NOT leave any fields blank. Sign and date form. For detailed instructions refer to www.uscis.gov/files/form/i-9.pdf.)
- You must bring acceptable identification documents in hand to your session - Pg. 5 Please refer to the List of Acceptable Documents. You must bring one item from List A **OR** an item from both List B **AND** List C. Please note, some forms of identification may not be accepted if laminated. (Failure to provide proper identification will result in the rescheduling of your session and delay the final processing of your employment requirements)
- Central Registry Release Form (CPS) - Pg. 6 & 7 Complete Part I & Part II. Fill in all fields, do NOT leave any fields blank. Make sure to indicate your marital status or N/A if never married or indicate N/A if you have no children where applicable. Use proper date formats. A notary will be available at your fingerprint session.
- Sample TB Test Form - Pg. 8 You must bring your TB Test Results in hand with you to your session. Only a TB Test or screening performed within the last 12 months will be accepted. This form may be completed by a public health official to record your TB Results, or another form issued and signed by a public medical official containing the required information can also be accepted. Incomplete or "pending" TB test results cannot be accepted.
- Personal Data Form - Pg. 9

In addition to the required documents, all employees are required to watch four mandated videos prior to your Employment Processing (fingerprinting/mandates) session.

If you were unable to watch the videos during your online orientation process for any reason, you will be required to watch the videos on site prior to being processed/fingerprinted— arrive early and allow one hour to watch the videos.

Use the check boxes below to certify that you have watched each video as required by PWCS:

- ☐ Globally Harmonized System (Hazard Communications)
- ☐ Bloodborne Pathogens Video
- ☐ Preventing Sexual Harassment Video
- ☐ Crisis Management (This video is only available on the online orientation and Intranet for school division employees)
- ☐ I understand that I must bring the required identification documents to show I am eligible to work in the United States and proof of freedom from communicable tuberculosis with me in hand to the Employment Processing (Fingerprint/Mandates) session. Failure to provide proper documentation may result in a delay of your employment.

Print Name _____

Signature _____

Date _____

If you are unable to attend your fingerprint/mandate session, please contact the Office of Compliance as soon as possible to make alternate arrangements. **You must be fingerprinted in order to begin work or to attend an employment orientation.**

If you have any questions, you may contact the Office of Compliance on 703.791.8958 or 703.791.8382.



Prince William County Public Schools

Fingerprinting and Authorization to Release Personal Information Sheet

Please print the following information clearly.

<div></div>		
Last Name	First Name	Middle Name (no initials)
<div></div>		
Previous Name(s)	Home Phone Number (including area code)	
<div></div>	<div></div>	
Social Security Number	Cell Phone Number (including area code)	

The following information is required to submit fingerprints.

Gender: ☐ Female ☐ Male **Height** ____ Ft ____ In

Weight ____ Lbs **Eye Color** ____ **Hair Color** ____

Date of Birth ____ / ____ / ____ **US State of Birth** ____ **Birth Country** ____

Race: (Choose only one)

- ☐ Asian
- ☐ Black or African American
- ☐ Native American
- ☐ Caucasian (White)/Latino

1. **Yes** ____ **No** ____ Have you ever been the subject of a founded case of child abuse or neglect, or are you the subject of a pending charge of child abuse or neglect?
2. **Yes** ____ **No** ____ Have you ever been convicted of any offense involving the sexual molestation, physical abuse or rape of a child, or are you the subject of such a charge?
3. **Yes** ____ **No** ____ Have you ever been convicted of, or indicted for, any other crime or offense as an adult (felony or misdemeanor) regardless of how long ago the conviction occurred?
4. **Yes** ____ **No** ____ Are you the subject of any pending criminal charges?

It is important for you to tell us if you have any criminal history that may delay a fingerprint clearance. Many factors may cause a delay in a fingerprint clearance such as entered a plea of guilty, Alford Plea, a no contest plea, received a suspended imposition of sentence or a deferred disposition, had a charge dismissed after a period of probation and any criminal history charges that were dismissed, nolle prossed or probation served.

- You should disclose any criminal history regardless of how long ago the offense occurred.
- Do include DWI/DUI or reckless driving convictions.
- Do not include convictions for minor traffic violations

5. **Yes** ____ **No** ____ Do you have any history of crimes or offenses that may delay a fingerprint clearance?

If you are not sure how to respond to the above questions, you may provide an explanation below or ask to see a Human Resources Supervisor for guidance. If the answer to any question above is YES, list specific offense(s), the date of the court disposition or the upcoming court date, and the name of the court/jurisdiction where the case was or will be heard. Describe or provide an explanation of each offense(s) and the status or outcome(s): Providing the following information may not automatically disqualify you from employment.

		Status of offense
Date of Court Appearance	Name of Court Jurisdiction	

I hereby authorize the release of personal information to Prince William County Schools for the purpose of an investigation of my background and qualifications for employment. Such information may include, but is not limited to job performance, attendance, eligibility for re-employment with a former employer, reasons for termination of previous employment, criminal record, conduct and character. I hereby waive my right to access to any such information and without limitation, release Prince William County Public Schools, and any source of such information from any liability in connection with its release or use.

In addition, as a condition of my employment, (Section 22.1-296.2 of the Code of Virginia) I understand that I must submit to fingerprinting and to provide personal descriptive information. This information and my fingerprints will be forwarded through the Central Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining a criminal history report. There are times when readable prints are not obtained for various reasons and I understand that I have a responsibility to continue to submit fingerprints until accepted by the F.B.I. If I fail to comply with the above requirements, Prince William County Public School Division is hereby permitted to withhold my paycheck(s) until such time as I submit to fingerprinting as required by the Code of Virginia and I acknowledge that my failure to comply with these requirements, or verification of a criminal history, may result in the withdrawal of any offer of employment or denial of continued employment.

Pursuant to §19.2-392.02 B of the Code of Virginia, I understand that completion of a background check is required prior to obtaining unsupervised access to children and that I am entitled to a copy of any background check report to challenge the accuracy and the completeness of any information contained in the report, and that prior to the completion of the background check Prince William County Public Schools may deny me unsupervised access to children.

My signature below indicates that I have read and understand the contents of this document.

Signature:

Date:

Rev. 09/17

EMPLOYMENT REQUIREMENTS

PWCS Office Use Only:
Freedom from
Communicable
TB Verification Date/Initials

Tuberculin Test

As mandated by Section 22.1-300 of the Code of Virginia, I understand that as a condition of employment, **I must submit to the Office of Compliance (P.O. Box 389, Manassas, VA 20108)** of the Prince William County Public School Division verification of Freedom from Communicable Tuberculosis prior to beginning employment. **BRING A COPY OF YOUR TB TEST RESULTS WITH YOU TO YOUR EMPLOYMENT PROCESSING SESSION. (ONLY A TB TEST PERFORMED WITHIN THE LAST 12 MONTHS WILL BE ACCEPTED.)**

Globally Harmonized System, Bloodborne Pathogen, Crisis Management & Preventing Sexual Harassment Standard Training Record

I certify that I have been provided training and instructions for Globally Harmonized System, Bloodborne Pathogen, Crisis Management and Preventing Sexual Harassment Standard and I understand the information provided to me and Prince William County Public Schools' policies and regulations on these standards.

Mandatory Suspected Child Abuse and Neglect Reporting Requirements

In accordance with Regulation 771-1, "Child Abuse and Child Abuse Reporting Procedures," any person employed in a public school who has *reason to suspect* that a child is abused or neglected shall report the matter immediately/within 24 hours.

- A school administrator is to be notified. They will assist with facilitating a report to Child Protective Services (CPS).
- If an administrator is not able to be reached, it is the employee's duty to report the suspected concern to CPS.
- CPS must be notified within 24 hours from the time the suspected abuse/neglect was identified.
- CPS is available Monday – Friday from 8am-5pm via 703.792.4200. After regular business hours, on weekends, or holidays calls may be made to the Virginia Abuse and Neglect State Hotline, 800.552.7096.

Drug-Free and Alcohol-Free Workplace

I have been provided and I have read Regulation 504-1 on a drug-free and alcohol-free workplace as required by The Drug-Free Workplace Act, 41 U.S.C. Section 701, et. seg. and the Code of Virginia, Section 22.1-307, and I agree to abide by its terms.

Criminal Conviction Responsibility

Federal law, the Code of Virginia and the policies and regulations of the Prince William County School Board governing employment or nonpaid assignments in a public school require you to disclose to the School Board any criminal conviction or any founded or pending case of child abuse or neglect occurring prior to your employment or nonpaid assignment with Prince William County Public Schools. School Board policies and regulations also require you to report any felony or criminal charges referenced in Virginia Code 22.1-296-1 and/or investigation for child abuse or neglect occurring **during the term of your employment**. Any criminal conviction or founded case of child abuse/neglect which renders the employee ineligible for employment by the school division will result in termination and/or rescission of contract or offer of employment.

I agree to notify the School Board of any criminal statute convictions including any drug or controlled substance statute conviction. I understand that within ten working days of that notice, the Director of Human Resources or designee shall advise any affected federal agency of that conviction.

Immigration Responsibility

Federal I-9 employment guidelines require you to have authorization to work in the United States. Contracted employees must have authorization to work in the United States for the entire term of the employment contract. If at any time you will lack legal authority to work in the United States, you must advise the Department of Human Resources in advance of such ineligibility. Original document(s) are required to update the I-9 form. It is your responsibility to have the I-9 form reverified.

Child Support Withholding

At the time of initial employment, Section 60.2-114.1 of the Code of Virginia requires employers to request if an employee is subject to an income Child Support Withholding Order. Therefore, pursuant to Virginia law, you are requested to provide a response to the following question:

ARE YOU SUBJECT TO AN INCOME WITHHOLDING ORDER FOR CHILD SUPPORT?

☐

YES

☐

NO

My signature below indicates I have read and understand the above employment requirements and that I have watched the mandated videos either online or at an Employment Processing/Fingerprint session. I also understand that I must abide by PWCS Regulations and Policies found on the PWCS website www.pwcs.edu.

Name (Please Print)

Social Security Number

Signature

Date

Rev. 09/14/17



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> Foreign passport; and Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> The same name as the passport; and An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 	<ol style="list-style-type: none"> A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

VA Department of Social Services

Office of Background Investigations – Search Unit

801 East Main Street, 6th Floor, Richmond, VA 23219-2901

Central Registry Release of Information Form

Purpose of Search, Check one:	<input type="checkbox"/> Adam Walsh Law	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Babysitter/Family Day Care
<input type="checkbox"/> CASA	<input type="checkbox"/> Children's Residential Facility	<input type="checkbox"/> Custody Evaluation	<input type="checkbox"/> Day Care Center
<input type="checkbox"/> Institutional Employee	<input type="checkbox"/> Other Employment	<input checked="" type="checkbox"/> School Personnel	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Other			

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

Name Prince William County Public Schools	Payment/FIPS Code (Use only if assigned by OBI-CRU) <div style="font-size: 24pt; text-align: center;">7314/B10128</div>
Address P.O. Box 389	
City Manassas State VA Zip 20108	
Contact Name Ashley Buckley Tel.# 703.791.8958 Ext	
Contact E-Mail PWCSVACPS@pwcs.edu	Mandatory if agency code has been assigned

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

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

Applicant's Prior Addresses Include past 5 years of 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	



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.

A notary will be available at your fingerprint session.

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 Prince William

Commonwealth/State of Virginia

Acknowledged before me this _____ day of _____, year _____

Notary Public Signature **Botary 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



Prince William County Public Schools (PWCS) Report Form for Tuberculosis (TB) Testing/Screening

The Code of Virginia (22.1-300) requires a **signed and dated** statement from a licensed nurse, physician, or public health official certifying that employees are free from communicable tuberculosis (TB). The following Tuberculosis Test Result or Symptom Assessment form may be used to report the TB certification.

**TB TEST RESULTS MUST BE BROUGHT IN HAND TO YOUR EMPLOYMENT PROCESSING
(FINGERPRINT/MANDATE) SESSION**

SECTION 1 – Applicant/Employee Information *(To be completed by the applicant/employee)*

Name *(Please print)*: _____

Last 4 digits of SSN or PID No: _____ Phone # _____

I attest that the information I provide will be accurate to the best of my knowledge.

Applicant/Employee Signature

Date

SECTION 2 – Tuberculosis Symptom Assessment Tuberculosis Results

(To be completed by a Nurse, Physician, or Public Health Official)

Prior history of BCG vaccination against TB? ____ No ____ Yes Specify Year: _____

____ Cough for more than three weeks

____ Unexplained chest pain

____ Unexplained fever

____ Night sweats

____ Coughs up blood

____ Poor appetite

____ Unexplained weight loss

____ Fatigue

SECTION 3 - Tuberculosis Results **To be completed by a Nurse, Physician, or Public Health Official*

***Date of Test/Screening Results:** _____
(Date must be within last 12 months)

***Test Results (Circle One)**

Negative

Positive

***Is this person believed to be free from communicable tuberculosis? (Circle One) YES NO**

***Type of Test (Circle One)**

Screening

PPD

Tine

X-ray

Comments: _____

***Physician, Nurse or Public Health Official who completed the above TB assessment/testing:**

Print Name Physician, Nurse, or Public Health Official: _____

Facility Name: _____

Address: _____

Telephone No. with area code: _____

Signature of Physician, Nurse, or Public Health Official

Date

Freedom from communicable tuberculosis performed within the last 12 months must be clearly indicated above with proper signature and facility information to be accepted by PWCS.

YOU MUST BRING YOUR TB RESULTS WITH YOU TO YOUR EMPLOYMENT PROCESSING SESSION



Prince William County Public Schools PERSONAL DATA FORM

Check which category describes the position for which you have been selected:

- ☐ CERTIFIED (Under Contract: Teacher, Librarian, School Counselor, Psychologist, Social Worker, School Nurse)
- ☐ CLASSIFIED (Secretary, Specialist, Teacher Assistant, Transportation, Facilities Management)
- ☐ ADMINISTRATOR (Principal, Asst. Principal, Supervisor, Director, Coordinator, Admin. Intern, Project Mgr.)
- ☐ SUBSTITUTE (Substitute Teacher, Substitute Teacher Assistant)
- ☐ TEMPORARY (Food Service, Custodian, Teacher Assistant, Coach, Life Guard, Volunteer, Other)

Please **CLEARLY** print the following information:

First Name Middle Name (no initials) Last Name Previous Name

Social Security Number Date of Birth

(____) _____
Home Phone Number Cell Phone Number

Street Address City State Zip Code

- ☐ Check here if the address above is an updated address from the one you submitted on your employment application.

Mailing Address (if different than above) City State Zip Code

The U.S. Department of Education requires the following information for reporting purposes:

1. **Gender:**

- ☐ Female
- ☐ Male

2. **Ethnicity:** (select one)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

3. **Race:** (Choose one or more) *Select all that apply.*

- ☐ American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment).
- ☐ Asian (A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodian, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.)
- ☐ Black or African American (A person having origins in any of the black racial groups of Africa).
- ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- ☐ White (A person having origins in any of the original peoples of Europe, Middle East, or North Africa.)

The information provided on this form will be retained in the PWCS Human Resource Information System. The original document will be destroyed.