

## APPLICATION FOR A VIRGINIA LICENSE (Page 1 of 2)

### PART I: INFORMATION

PLEASE PRINT OR TYPE

<u>Social Security Number</u> - -	<u>Date of Birth</u> (Month/Day/Year)	Military Veteran Branch: Military Reserves Branch:	U.S. Military Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Suffix</u>
<u>Address</u> (Street, City, State, Zip Code) [Please note that the address provided is public information.]			
<u>Preferred Telephone Number</u> (include area code) ( ) -	<u>Email Address</u>	<u>Gender</u> (for statistical purposes only) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	
Please answer both of the following questions:	Are you Hispanic or Latino? (choose only one) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino		
	What is your race? (choose one or more) <input type="checkbox"/> 1. American Indian/Alaskan Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black or African American <input type="checkbox"/> 4. Native Hawaiian or other Pacific Islander <input type="checkbox"/> 5. White		

### PART II: BACKGROUND QUESTIONS:

Background Questions	Yes	No
<b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony?</b> (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country?</b> (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving a child (minor) or a student?</b> (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (excluding offenses related to alcohol or possession of one ounce or less of marijuana)?</b> (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency?</b> (If yes, please attach a letter giving full details and official documentation of the founded complaint.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever had a teaching, administrator, pupil personnel services, or other education-related certificate or license revoked, suspended, invalidated, cancelled, or denied by another state, territory, or country; surrendered such a license or the right to apply for such a license; or had any other adverse action taken against such a license?</b> <u>Please note: This includes a reprimand, warning, or reproof and any order denying the right to apply or reapply for a license.</u> (If yes, please attach a letter giving full details and official documentation of the action taken.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you currently the subject of any review, inquiry, investigation, or appeal of alleged misconduct that could warrant discipline or termination by a school division or other education-related employer or an adverse action against a teaching, administrator, pupil personnel services, or other education-related license or certificate?</b> <u>Please note: This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.</u> (If yes, please attach a letter giving full details and any official documentation available regarding the matter.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever left any education- or school-related employment, voluntarily or involuntarily, under any of the following circumstances: (1) while the subject of a review, inquiry, investigation, or appeal of alleged misconduct; (2) when you had reason to believe a review, inquiry, investigation or appeal of alleged misconduct was under way or imminent; or (3) while any administrative or judicial proceeding involving an allegation of misconduct was pending, eligible for appeal, or under appeal?</b> <u>Please note: This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.</u> (If yes, please attach a letter giving full details and any official documentation available regarding the matter.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

BY MY SIGNATURE, I CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE. I UNDERSTAND THAT MISREPRESENTATION MAY RESULT IN THE DENIAL, REVOCATION, CANCELLATION, OR SUSPENSION OF THE VIRGINIA LICENSE.

<b>Applicant's Signature:</b>	<b>Date:</b>
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**ORIGINAL SIGNATURE REQUIRED**

MONTH/DAY/YEAR

The application is continued on the following page. Pages 1 and 2 must include the applicant's signature and date on each page.

(Application Page 1 of 2)

**PART III: EDUCATION (Include colleges and universities where coursework was completed and degrees earned.)**

Name of Institution	Location	Dates Attended (Month/Year to Month/Year)	Degree (if earned)	Major/Major Subjects

**PART IV: EXPERIENCE (Grades PreK-12 only—full-time, contractual experience only. Do not include substitute, summer school, or aide experience.)**

Name of School Division or Accredited Nonpublic School	Location	Dates of Employment (Month/Year to Month/Year)	Grade(s)/Subject(s) Taught

**PART V: OUT-OF-STATE EDUCATIONAL LICENSE, IF APPLICABLE – (Enclose a photocopy of each license.)**

State:	First issue date: (Month/Day/Year)	Last expiration date: (Month/Day/Year)
State:	First issue date: (Month/Day/Year)	Last expiration date: (Month/Day/Year)
State:	First issue date: (Month/Day/Year)	Last expiration date: (Month/Day/Year)

**PART VI: COMPLETE IF YOU HAVE ACCEPTED A POSITION IN VIRGINIA REQUIRING A LICENSE**

Name of Employer	Beginning Date of Employment (Month/Day/Year)	Assignment
Address		
City, State, Zip Code		

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<b>Applicant's Signature:</b>	<b>Date:</b>
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**ORIGINAL SIGNATURE REQUIRED**

MONTH/DAY/YEAR

**Pages 1 and 2 must include the applicant's signature and date on each page. A complete application must be submitted.**