

EXHIBIT A TO RFB-MDP SERVICE

WASHOE COUNTY SCHOOL DISTRICT PERSONNEL SAFETY CHECK APPLICATION PROCESS

*The following items summarize
Section 01020 – Washoe County School District
Personnel Safety Check Application*

- All Personnel Safety Check Applications will be good for 12 months from date of approval.
- The following forms are required with your submittal:
 - **Attachment A** – Certification of Applicant & Company Regarding Personnel Safety Check Application (English or Spanish version)
 - **Attachment B** – Washoe County School District Personnel Safety Check Application (English or Spanish version)
 - **Photocopy of Government Issued Picture Identification Card** (ie: Driver's License, State Issued ID Card, etc) for each Employee/Applicant
- All submitted forms/photocopies must be submitted in pdf format via Email to cpbackground@washoeschools.net. The subject line must read "Background Information – Company Name". No hard copies will be accepted via hand delivery or mail.
- Until approval applicants will not be able to work on any WCSD property.

SECTION 01020 – WASHOE COUNTY SCHOOL DISTRICT
PERSONNEL SAFETY CHECK APPLICATION

PART 1 - GENERAL

1.1 RELATED DOCUMENTS

- A. General provisions of the Contract, including General and Supplementary Conditions and other Division 1 Specification Sections, apply to this Section.

1.2 SUMMARY

- A. This Section includes administrative and procedural requirements for submittals required for performance of the work for all entities/individuals including, but not limited to, the following:
1. General Contractor
 2. Subcontractor
 3. Subcontractor of Subcontractor
 4. Quality Control Personnel
 5. Special Inspection Personnel
 6. Security Personnel
 7. Consultant Personnel
- B. Administrative Submittals: Refer to other Division 1 Sections and other Contract Documents for requirements for administrative submittals.

1.3 SUBMITTAL PROCEDURES

A. Required Submittals

1. Each company, engaged on a project, shall report to the Washoe County School District all required information for every employee who will be on a Washoe County School District site. This include all personnel whom he/she engages for work on the project site as defined in 1.2 (A). This information must be submitted within 21 calendar days prior to commencement of the project.

Such submittals required include Pages 01020-3 thru 01020-8 as noted below:

- a. **Attachment A** - Certification of Applicant & Company Regarding Personnel Safety Check Application (English or Spanish version)
- b. **Attachment B** - Washoe County School District Personnel Safety Check Application (English or Spanish version)
- c. **Photocopy of Government Issued Picture Identification Card** (ie: Drivers License, etc) for Each Employee/Applicant

2. All required forms and copies of Government Issued Picture Identification Cards for each employee/applicant must be submitted in pdf format via Email to cpbackground@washoeschools.net. The subject line must read "Background Information – Company Name". The Email will be opened and reviewed by Washoe County School District authorized personnel only. **Hand delivered or mailed applications will not be accepted.**

1.4 PERSONNEL SAFETY CHECK APPLICATION REPORTING FORMAT

- A. Complete the Personal Safety Check Application in the section recording the following information in the designated fields of the form.
1. Date
 2. Ethnic Code Identification
 3. Name – Full Legal Name

4. Alias/Maiden Names
 5. Gender
 6. Date of Birth
 7. Height
 8. Weight
 9. Eye Color
 10. Hair
 11. Government Issued Identification Card
 12. Last Four Digits of Social Security Number
 13. Scars/Tatoos
 14. State/Country of Birth
 15. Country of Citizenship
 16. Home Address
 17. Employer
 18. Occupation
 19. Work Address
 20. Phone
 - a. Home
 - b. Cell
 - c. Work
 21. Disclosure if you have ever been arrested, convicted, pled guilty, or pled nolo contendere no matter how much time has passed to:
 - a. A criminal offense, other than a minor traffic violation, this includes but is not limited to a felony, gross misdemeanor, DUI, etc.
 - b. A drug or sexually related offense or act of violence
 - c. Been reported for child abuse/sexual activities with a minor
 1. Include type(s) of offense(s), location(s), and date(s).
- B. Automatic Disqualification
1. Any applicant with any active Wants/Warrants, or Is a Registered Sex Offender, on a Terrorist list or on Parole and Probation will be disqualified.

1.5 OWNER'S ACTION AND DISCLOSURES

- A. The owner will review each individual application, indicate action taken, and either acceptance or denial of application.
- B. No extension of contract time, overhead, or profit will be authorized because of failure to transmit applications and certifications to the owner sufficiently in advance of project work that requires personnel access and presence on Washoe County School District site(s).

PART 2 - PRODUCTS (Not Applicable)

PART 3 - EXECUTION (Not Applicable)

ATTACHMENT A (ENGLISH)

CERTIFICATION BY APPLICANT REGARDING PERSONNEL SAFETY CHECK APPLICATION

This form should be accompanied with a copy of your Identification Card (ie: Drivers License, etc)

The undersigned applicant certifies that:

I certify the information provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement on this application can be an automatic disqualification. I hereby release, discharge, exonerate and hold harmless the Washoe County School District, its agents and representatives and persons furnishing information from any and all liability arising out of the disseminating and inspection of my records.

Company Name (Employer)

Employee Name (Print Full Legal Name)

Employee (Applicant) Signature

Date

CERTIFICATION OF COMPANY REGARDING PERSONNEL SAFETY CHECK APPLICATION

The undersigned authorized representative of the company listed below, certifies to the best of his/her knowledge and belief, that this Personnel Safety Check Application is a true and accurate statement.

Company Name

Name and Title of Authorized Representative

Signature of Authorized Representative

Date



ATTACHMENT B (ENGLISH) PERSONNEL SAFETY CHECK APPLICATION

(CONFIDENTIAL – Please Print)

I hereby release, discharge, exonerate and hold harmless the Washoe County School District, its agents and representatives and persons furnishing information from any and all liability arising out of the disseminating and inspection of my records.

Date: _____

Ethnic Code Identification: (Check the code that best represents your ethnic identity)

Alaskan/Indian _____ Asian/Pacific _____ African American _____ Hispanic _____ Caucasian _____

Name: _____
(Last) (First) (Middle)

Alias/Maiden Names: _____ Gender: F / M Date of Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair: _____

Government Issued ID#: _____
(State) (ID Number)

Last four digits of your Social Security Number: _____
(Per NRS 603A.040)

Scars/Tattoo's: _____

State/Country of Birth: _____ Country of Citizenship: _____
(State) (Country)

Home Address: _____
(Street) (City & State) (Zip Code)

Employer: _____ Occupation: _____

Work Address: _____
(Street) (City & State) (Zip Code)

Phone: _____
(Home) (Cell) (Work)

It is a requirement that you must disclose if you have ever been arrested, convicted, pled guilty, or pled nolo contendere no matter how much time has passed to:

A criminal offense, other than a minor traffic violation, this includes, but is not limited to a felony, gross misdemeanor, DUI, etc. _____ Yes ___ No

A drug or a sexually related offense or act of violence? _____ Yes ___ No

Been reported for child abuse/sexual activities with a minor? _____ Yes ___ No

ATTACHMENT B (ENGLISH) - CONTINUED

If **"Yes,"** please explain the type(s) of Offense(s), Location(s) and Date(s) in the space below. Attach a sheet if necessary.

Note: Any applicant with any active Wants/Warrants, or is a Registered Sex Offender, on a Terrorist list or on Parole and Probation WILL BE DISQUALIFIED

I certify that I have not been arrested or convicted of any disqualifying offenses. The information provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement on this application can be an automatic disqualification.

Applicant Signature: _____ **Date:** _____

During the course of this safety check if any discrepancies are established or there is any conflicting information the applicant must be fingerprinted **at the cost of the applicant.** The required fee is \$55.

The WCSD reserves the right to require fingerprinting on any outside employee.

Fingerprinting Authorization Signature
(when required)

To Be Completed by WCSD Personnel

Date/Time: _____ **Picture ID Check:** _____ (Copy of government issued ID must be attached)

____ WANTS
____ DMV
____ NCJIS
____ TIB
____ MNS-ARMS
____ Sex Offender Check
____ TPO

☐ Denied
☐ Approved

By: _____

Notes: _____

ATTACHMENT A (SPANISH)

**CERTIFICACIÓN DEL SOLICITANTE CON RESPECTO AL PERSONAL DE SEGURIDAD CH ECK
APLICACIÓN**

Este formulario debe ir acompañado de una copia de su tarjeta de identificación (por ejemplo:
licencia de conducir, etc.)

Certifico que la información proporcionada en esta solicitud es verdadera, completa y correcta según
mi leal saber y entender, y se proporciona de buena fe. Entiendo que una declaración falsa
intencional y deliberada en esta solicitud puede ser una descalificación automática. Yo por la
presente libero, exonero y mantengo indemne al Distrito Escolar del Condado de Washoe, sus agentes
y representantes y personas que dan información de cualquier y toda responsabilidad que surja de la
diseminación y la inspección mis expedientes.

Nombre de la empresa (empleador)

Nombre del empleado (Imprimir Nombre legal)

Firma Empleado (Solicitante)

Fecha

CERTIFICACIÓN DE LA EMPRESA EN REFERENCIA A LA SOLICITUD DE VERIFICACIÓN DE SEGURIDAD

El representante firmante autorizado de la compañía se enumeran a continuación, certifica en lo mejor de su
leal conocimiento y creencia: que esta solicitud de seguridad personal es una declaración verdadera y exacta.

Nombre de la Empresa

Nombre y título del Representante Autorizado

Firma del Representante autorizado
Signature of Authorized Representative

Fecha



ATTACHMENT B (SPANISH)
SOLICITUD PARA COMPROBAR LA SEGURIDAD PERSONAL
(CONFIDENCIAL – Por favor imprima)

Por la presente libero, exonero y eximo al Distrito Escolar del Condado de Washoe, sus agentes y representantes y personas que dan información de cualquiera y toda responsabilidad que surja de la diseminación y la inspección de mis expedientes.

Fecha: _____

Código de identificación de su etnicidad: (Marque el código que mejor represente su etnicidad)

De Alaska/Indio _____ Asiático/del Pacífico _____ Afro-americano _____ Hispano _____ Caucásico _____

Nombre: _____
(Apellido) (Nombre) (del Medio)

Alias/Apellido de soltera: _____ **Género:** F / M **Fecha de Nacimiento:** _____

Altura: _____ **Peso:** _____ **Color de ojos:** _____ **Pelo:** _____ **DL/ID#:** _____
(Estado) (Número)

Los últimos cuatro números del Seguro Social: _____
(Per NRS 603A.040)

Cicatrices/Tatuajes: _____

Estado/País de nacimiento: _____ **Ciudadano de qué país:** _____
(Estado) (País)

Dirección: _____
(Calle) (Ciudad & Estado) (Código Postal)

Empleador: _____ **Ocupación:** _____

Dirección del trabajo: _____
(Calle) (Ciudad & Estado) (Código postal)

Teléfono: _____
(Casa) (Cell) (Trabajo)

Es un requisito que debe revelar si alguna vez ha sido arrestado, condenado, se declaró culpable, o se declaró no lo contendere no importa cuánto tiempo haya pasado.

Un delito que no sea una violación menor de tráfico, lo que incluye, pero no es limitado a un delito grave, delito menor, DUI, etc., etc. ☐ Sí ☐ No

Un delito relacionado a drogas, sexual o un acto de violencia? ☐ Sí ☐ No

Ha sido reportado/a por abuso de niños / actividades sexuales con un menor de edad? .. ☐ Sí ☐ No

ATTACHMENT B (SPANISH) - CONTINUED

Si respondió "Sí", explique el tipo (s) de la Ofensa (s), ubicación (s) y fecha (s) en el espacio de abajo.
Adjunte una hoja si es necesario

Nota: Cualquier solicitante con cualquier *Wants / Warrants* activo, o es un delincuente sexual registrado, en una lista de terroristas o en Libertad Condicional SERÁ DESCALIFICADO(A)

Certifico que no he sido arrestado o condenado por cualquier delito que descalifican. La información proporcionada en esta solicitud es verdadera, completa y correcta según mi mejor conocimiento y creencia y es proporcionada de buena fe. Entiendo que una declaración falsa intencional y deliberada en esta solicitud puede ser una descalificación automática.

Firma del solicitante: _____ Fecha: _____

Durante el transcurso de esta revisión de seguridad si se establecen las discrepancias o hay alguna información contradictoria, el solicitante deberá tomar las huellas digitales a costa del solicitante. El pago requerido es de \$ 55

El WCSD se reserva el derecho de exigir las huellas digitales a cualquier empleado de afuera.

Firma de Autorización de Huellas Digitales
(Cuando sea requerida)

To Be Completed by WCSD Personnel (A ser completado por el personal)

Date/Time: _____ Picture ID Check: _____ (Copy of government ID must be attached)

____ WANTS
____ Valid ID
____ NCJIS
____ TPO
____ Sex Offender Check
____ MNS-ARMS
____ Tiburon

☐ Denied
☐ Approved

By: _____

Notas: _____