

**CLUB/ACTIVITIES CONTRACT REQUEST  
SPECIAL NOTICE TO ALL APPLICANTS**

All new employees of the Anne Arundel County Public School System are required to undergo a background investigation conducted through County, State, Federal and commercially sourced agencies to determine employment eligibility.

The background investigation process requires that each employee complete a disclosure statement and be fingerprinted before beginning employment. The background investigation will consist of checks of public court records, Anne Arundel County Department of Social Services, the State of Maryland Criminal Justice Information System, and the Federal Bureau of Investigation for verification of all disclosure statement information.

Any offer of employment with Anne Arundel County Public Schools is contingent upon the successful completion of the background check. This background check is mandatory and any disqualifying criminal or child abuse/neglect information will result in immediate placement on administrative leave without pay pending resolution of the matter.

Before reporting to work for the first time, a new employee must comply with the following requirements. Make an appointment to initiate the background investigation at **410-222-5045**. At that appointment you will be required to provide your addresses for the last seven years. The fee for this procedure is **\$68.00** which may be paid in cash, check, Visa, MasterCard, or a money order payable to Kroll Background America. Permanent employees have the option of payroll deduction. The fingerprinting technician will provide the new employee a form verifying completion of fingerprinting which **MUST** be presented at the Employee Processing Session. (For more information see reverse side)

**After initiating the Criminal Background Investigation, a new employee MUST schedule an appointment for New Employee Processing by telephoning 410-222-5070.**

The following must be presented at the New Employee Processing:

- ◆ The form verifying completion of fingerprinting
- ◆ Drivers license or other picture identification card and one of the following:
  - ◆ Evidence of US citizenship by birth (usually a birth certificate)
  - ◆ Social Security Account Number card
  - ◆ U.S. Passport\*\*
  - ◆ Certificate of U.S. citizenship\*\*
  - ◆ Certificate of Naturalization\*\*
  - ◆ Resident alien card\*\*
  - ◆ Other photo document with the Attorney General's Authorization

\*\*Also acceptable for personal identification

In accordance with the Immigration Reform and Control Act of 1986, the newly hired employee must present authorization to work in the United States.

**A NEW EMPLOYEE MAY NOT REPORT FOR AN ASSIGNMENT UNTIL THE CRIMINAL BACKGROUND INVESTIGATION HAS BEEN INITIATED AND A PROCESSING SESSION HAS BEEN COMPLETED.**

**The Anne Arundel County Public School System does not discriminate on the basis of race, sex, age, national origin, religion, or socioeconomic status in matters affecting employment or in providing access to programs. Questions regarding nondiscrimination should be directed to Leslie N. Stanton, Specialist in Human Relations, Anne Arundel County Public Schools, 2644 Riva Road, Annapolis, Maryland 21401; telephone (410) 222-5318; TDD (410) 222-5500.**

Anne Arundel County Public Schools  
 Division of Human Resources  
 2644 Riva Road  
 Annapolis, MD 21401

**TO:** Leigh Reid, Ph.D.  
 Personnel Specialist

**FROM:**

**SUBJECT:** Club/Activities Contract Request

**DATE:**

This form should be used when requesting or revising contracts for **club sponsors, activities advisors, or directors.**

School \_\_\_\_\_

School's Signature \_\_\_\_\_

Human Resources' Signature \_\_\_\_\_

**ADD**

**DELETE**

<p>NAME: _____</p> <p>SSN: _____</p> <p>POSITION: _____</p> <p>STEP ____ RACE ____ SEX ____</p> <p><input type="checkbox"/> TEACHER    <input type="checkbox"/> EMERGENCY</p> <p>-----</p> <p><b>HR USE ONLY</b></p> <p>Eligible _____    Not eligible _____</p>	<p>NAME: _____</p> <p>SSN: _____</p> <p>POSITION: _____</p> <p>Last day previous sponsor worked _____</p> <p>First day new sponsor in this position _____</p> <p><b>Return contract, if applicable</b></p>
<p>NAME: _____</p> <p>SSN: _____</p> <p>POSITION: _____</p> <p>STEP ____ RACE ____ SEX ____</p> <p><input type="checkbox"/> TEACHER    <input type="checkbox"/> EMERGENCY</p> <p>-----</p> <p><b>HR USE ONLY</b></p> <p>Eligible _____    Not eligible _____</p>	<p>NAME: _____</p> <p>SSN: _____</p> <p>POSITION: _____</p> <p>Last day previous sponsor worked _____</p> <p>First day new sponsor in this position _____</p> <p><b>Return contract, if applicable</b></p>
<p>NAME: _____</p> <p>SSN: _____</p> <p>POSITION: _____</p> <p>STEP ____ RACE ____ SEX ____</p> <p><input type="checkbox"/> TEACHER    <input type="checkbox"/> EMERGENCY</p> <p>-----</p> <p><b>HR USE ONLY</b></p> <p>Eligible _____    Not eligible _____</p>	<p>NAME: _____</p> <p>SSN: _____</p> <p>POSITION: _____</p> <p>Last day previous sponsor worked _____</p> <p>First day new sponsor in this position _____</p> <p><b>Return contract, if applicable</b></p>

NAME: \_\_\_\_\_  
SSN: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
STEP \_\_\_\_ RACE \_\_\_\_ SEX \_\_\_\_  
 TEACHER     EMERGENCY  
-----  
HR USE ONLY  
Eligible \_\_\_\_\_ Not eligible \_\_\_\_\_

NAME: \_\_\_\_\_  
SSN: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
Last day previous sponsor worked \_\_\_\_\_  
First day new sponsor in this position \_\_\_\_\_  
Return contract, if applicable

NAME: \_\_\_\_\_  
SSN: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
STEP \_\_\_\_ RACE \_\_\_\_ SEX \_\_\_\_  
 TEACHER     EMERGENCY  
-----  
HR USE ONLY  
Eligible \_\_\_\_\_ Not eligible \_\_\_\_\_

NAME: \_\_\_\_\_  
SSN: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
Last day as sponsor (deleted) \_\_\_\_\_  
First day new sponsor in this position \_\_\_\_\_  
Return contract, if applicable

NAME: \_\_\_\_\_  
SSN: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
STEP \_\_\_\_ RACE \_\_\_\_ SEX \_\_\_\_  
 TEACHER     EMERGENCY  
-----  
HR USE ONLY  
Eligible \_\_\_\_\_ Not eligible \_\_\_\_\_

NAME: \_\_\_\_\_  
SSN: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
Last day previous sponsor worked \_\_\_\_\_  
First day new sponsor in this position \_\_\_\_\_  
Return contract, if applicable

NAME: \_\_\_\_\_  
SSN: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
STEP \_\_\_\_ RACE \_\_\_\_ SEX \_\_\_\_  
 TEACHER     EMERGENCY  
-----  
HR USE ONLY  
Eligible \_\_\_\_\_ Not eligible \_\_\_\_\_

NAME: \_\_\_\_\_  
SSN: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
Last day previous sponsor worked \_\_\_\_\_  
First day new sponsor in this position \_\_\_\_\_  
Return contract, if applicable  
  
10/01 Revised