



# CENTRAL VIRGINIA REGIONAL JAIL

An Equal Opportunity Employer

## Application for Employment

Please type or print in black or blue ink for all required information. Send completed application to:  
**CENTRAL VIRGINIA REGIONAL JAIL**  
 ATTN: TRAINING DEPARTMENT  
 13021 James Madison Hwy  
 Orange, Virginia 22960  
 Phone: (540) 672-3222

ONLY ORIGINAL APPLICATIONS WILL BE PROCESSED

Employees of Central Virginia Regional Jail and external applicants for employment shall be afforded equal opportunity in all aspects of the employment relationship without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting the Training Department.

1. Date \_\_\_\_\_ 2. Position applied for \_\_\_\_\_

3. Full legal name \_\_\_\_\_ 4. Maiden Name \_\_\_\_\_  
Last First Middle

5. Address \_\_\_\_\_ 6. Social Security No. \_\_\_\_\_  
City State Zip

7. Home Phone \_\_\_\_\_ 8. Business Phone \_\_\_\_\_ 9. E-Mail Address: \_\_\_\_\_

### 10. EDUCATION

a. Check highest grade completed  8  9  10  11  12

b. High school graduated from: \_\_\_\_\_ Year Graduated \_\_\_\_\_

c. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No Date Received \_\_\_\_\_

Name and Location of Institution of Additional Education Beyond High School	Hours Completed	Degree Received	Major or Specialty	Minor	Dates Attended or Graduation Date
1.					
2.					
3.					

d. If you expect to complete an educational program in the near future, please indicate the name of the institution, type of degree or program and expected completion date: \_\_\_\_\_

### 11. EXPERIENCE – use Supplemental Experience Form for additional space, if necessary. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. List significantly different jobs within the same organization as separate items.

May we contact your present supervisor?  Yes  No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Your name if different from present \_\_\_\_\_

Full-time  Part-time  Hrs/week \_\_\_\_\_

**b. Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Full-time  Part-time  Hrs/week \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Your name if different from present \_\_\_\_\_

**c. Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Full-time  Part-time  Hrs/week \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you feel would help us to evaluate your application including training, seminars, workshops, special achievements and/or specialized skills:

e. Computer software programs and/or hardware equipment you have used: \_\_\_\_\_.

f. License (to include driver's, CDL), jailor certification or other professional license or certification to practice a trade or profession.

Type	License/Certification Number	Issued by (licensing/certification board)	Expiration Date

12. **REFERENCES** (List names, addresses and relationships of three persons not related to you who know your qualifications).

Name	Address	Phone	Relationship

13. **MISCELLANEOUS**

- a. Check which shift you will accept:  Day  Evening  Night  Rotating  Weekends Specify shift hours \_\_\_\_\_
- b. Check which job status you would accept:  Full-time  Part-time (specify) \_\_\_\_\_
- c. Are you willing to accept employment which requires you to travel?  No  Yes. If yes,  During the day only,  Occasionally overnight,  Frequently overnight.
- d. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all". \_\_\_\_\_.
- e. For purposes of compliance with The Immigration Reform and Control Act of 1986, are you legally eligible for employment in the United States?  Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

- f. Are you willing to provide your own transportation if necessary for your employment?  Yes  No.
- g. Section 2.1-32.1 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is requiring to present himself and submit to the federal Selective Service registration Requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so?  Yes  No.  
If no, state reason: \_\_\_\_\_.
- h. For purposes of compliance with Section 2.1-112 of the Code of Virginia, are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard?  Yes  No.
- i. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations?  Yes  No. If yes, please provide the following:

Description of Offense:

Statute or Ordinance (if known)	Date of Charge	Date of Conviction	City/County/State of Conviction

(For additional convictions use plain paper. Include all information listed above.)

\*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were fourteen (14) to eighteen (18) years of age when charged.

- j. Have you ever been incarcerated in any correctional facility?  Yes  No
- k. Do you currently have or previously had any friends or family members incarcerated in any correctional facility?  Yes  No
- l. Are any members of your immediate family (including in-laws) presently employed by the Jail Authority?  Yes  No

If YES, please list employee's name and where employed: \_\_\_\_\_

14. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)  
 \_\_\_ Month \_\_\_ Day \_\_\_ Year

15. **CERTIFICATION**--*Each Application Requires Current Date and Original Signature*

I hereby certify that all entries on this application and any attachments are true and complete. I understand and agree that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with Central Virginia Regional Jail Authority. I understand that all information on this application is subject to verification and I consent to criminal history background checks. If I am offered employment, I agree to submit to drug testing, polygraph examination, and/or any other relevant employment investigations which may be necessary and appropriate to the position for which I am being hired. I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Authority to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the Superintendent or designee.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

**CONFIDENTIAL**  
**EEO REPORTING INFORMATION**

Central Virginia Regional Jail ensures equal employment opportunity in its hiring practices. We are asking you to help us monitor the effectiveness of our program by completing the information below. The completion of this form is voluntary and the information will not be used for employment purposes. Your responses will be used for statistical purposes only and will be kept in a confidential file, separate from the employment application.

Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability. Central Virginia Regional Jail Authority complies with government and equal employment regulations.

Date: \_\_\_\_\_

- I agree to provide Equal Employment Opportunity information  
 I do not agree to provide Equal Employment Opportunity information

Please check the appropriate block:            Male            Female           Date of Birth: \_\_\_\_\_

Check the appropriate blocks for the following:

Do you have a disability?            Yes            No

**Definition: "Individual with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities of the person, a person who has a record of such impairment, or a person who is regarded as having such an impairment.**

*Racial or Ethnic Group*

- White (Not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Hispanic or Latino
- Asian and Asian American (Includes Pakistanis, Indians and Pacific Islanders)
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Two or More Races (not Hispanic or Latino)

*Highest Level of Education Completed*

- Attended High School
- High School Diploma/GED
- Attended College
- Associate Degree
- Bachelor Degree
- Master's Degree
- Ph.D. or Professional Degree

Central Virginia Regional Jail monitors its advertising sources to ensure our employment opportunities are posted with sources utilized most often by prospective applicants. Please tell us how you heard about this employment opportunity:

Position Applied For: \_\_\_\_\_

County of Residence: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> CVRJ Website      | <input type="checkbox"/> VEC (Virginia Employment Commission) |
| <input type="checkbox"/> Job Listing       | <input type="checkbox"/> Job Fair                             |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Previous Employment                  |
| <input type="checkbox"/> Radio             | <input type="checkbox"/> Other Source (Please specify) _____  |