

RAPPAHANNOCK REGIONAL JAIL

An Equal Opportunity Employer

Application for Employment

Type or print all required information.
Send completed application to:
**RAPPAHANNOCK REGIONAL JAIL
HUMAN RESOURCES
P.O. BOX 3300
STAFFORD, VIRGINIA 22555-3300
540-288-5245
FAX: 540-657-8733**

ONLY ORIGINAL APPLICATIONS WILL BE PROCESSED

Employees of the Rappahannock Regional Jail and applicants for employment shall be afforded equal opportunity in all aspects of employment 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 calling the Human Resources Department.

1. Date _____ 2. Position applied for _____
(one per application)

3. Full legal name _____ 4. Maiden Name _____
Last First Middle

5. Address _____ 6. Social Security No. _____
City State Zip

7. Home Phone _____ 8. Business _____ 9. E-mail Address _____

10. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes No Date Received _____
- c. Check number of years of post high school education 1 2 3 4 5 6 7

| Name and Location of Institution | Hrs | Degree Received | Major or Specialty | Minor | Dates Attended |
|----------------------------------|-----|-----------------|--------------------|-------|----------------|
| 1 _____ | | | | | |
| 2 _____ | | | | | |
| 3 _____ | | | | | |

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

11. EXPERIENCE — Use Supplementary Experience Form(s) for additional space. 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

Employer _____
Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time Part-time Hours/week _____

Job Duties: _____

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

b. Job Title

Employer _____
Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time Part-time Hours/week _____

Job Duties: _____

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

c. **Job Title**

Employer
Address

Job Duties:

Phone

Type of business
Immediate supervisor
Title

Number and titles of employees you supervised

Salary (start) (finish)
Dates(mo/yr) to (mo/yr)
Full-time Part-time Hours/week

Equipment used
Reason for leaving
Your name if different from present

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

e. Automated word processing (specify equipment)

Typing speed words per minute Shorthand speed words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

| Type | License Number | Granted by (licensing board) |
|------|----------------|------------------------------|
| | | |
| | | |

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 hours)
- c. For purposes of compliance with The Immigration Reform and Control Act, 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.
- d. 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 required 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:
- e. 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. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? Yes No
- f. 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 :
County, City, 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 age fourteen (14) to eighteen (18) when charged.
- g. Have you ever been incarcerated in this facility? Yes No
- h. Do you have any friends or family members incarcerated in this facility? Yes No
- i. Are any members of your immediate family (including in-laws) presently employed by this Facility? Yes No If yes, who?
Relationship(s):

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 both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with the Rappahannock Regional Jail. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Jail 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 Jail Superintendent or designee.

Date Applicant Signature

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian (descent))
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth:

Position applied for:

FOR OFFICE USE ONLY
EEO Category:

How did you find out about this employment opportunity?

- Newspaper*
- Radio/TV*
- VEC
- Internet
- Job Fair
- Other (please specify)

*Specify name of newspaper or other media

Supplementary Experience Form

**Social Security Number
Name**

**Position Applied For
Date**

Job Title

Employer
Address

Phone

Type of business
Immediate supervisor
Title

Salary (start) (finish)
Dates (mo/yr) to (mo/yr)
Full-time Part-time Hours/week

Job Title

Employer
Address

Phone

Type of business
Immediate supervisor
Title

Salary (start) (finish)
Dates (mo/yr) to (mo/yr)
Full-time Part-time Hours/week

Job Title

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Salary (start) (finish)
Dates (mo/yr) to (mo/yr)
Full-time Part-time Hours/week

Job Title

Employer
Address

Phone

Type of business
Immediate supervisor
Title

Salary (start) (finish)
Dates (mo/yr) to (mo/yr)
Full-time Part-time Hours/week

Job Duties:

Number and titles of employees you supervised
Equipment used
Reason for leaving
Your name if different from present

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