

**NEW RIVER VALLEY REGIONAL JAIL**  
108 BAKER ROAD  
DUBLIN, VA 24084

**INSTRUCTIONS TO APPLICANT  
CONDITIONS OF EMPLOYMENT**

Dear Applicant:

Thank you for your interest of employment with the New River Valley Regional Jail. In order to select personnel of the highest standards, the New River Valley Regional Jail desires to hire Correctional Officers and support personnel who are qualified and reliable. Applicant screening falls into three categories: (1) competence; (2) character; (3) mental and physical health.

Corrections work involves unique and demanding conditions. Job duties include the potential danger of physical harm in the form of assaults by inmates or in quelling disturbances. The institution must be staffed 24 hours a day, 7 days a week. You should be aware of these conditions and be willing to accept them.

If you are unwilling to comply with any of the conditions listed, you will **NOT** be considered for employment at the New River Valley Regional Jail.

**CONDITIONS OF EMPLOYMENT**

1. Prior to being hired, each candidate is required to read these conditions of employment. Candidates **MUST** then sign this form signifying their awareness and acceptance of those conditions, and return this signed form with the application.
2. Absolute truthfulness is extremely important during the entire selection process. Integrity and truthfulness are important qualifications. The way a candidate's integrity is evaluated is by his/her truthfulness throughout the employment process.
3. **Each candidate MUST complete the application in its entirety. All questions must be answered. The application and instruction sheet must be signed. An incomplete application shall be viewed as an expression of indifference and the application will be disapproved. Applications MUST be hand delivered to the Director of Human Resources. No email or standard mail applications will be accepted.**
4. Candidates will be required to take and pass a pre-employment examination, a written examination for that particular position being applied, an oral interview, a physical agility test, and a drug screen.
5. A vigorous investigation will be initiated, including a fingerprint-based criminal history records inquiry to the Central Criminal Records Exchange and the Federal Bureau of Investigation. Candidates will be required to produce copies of many documents (e.g. Social Security Card, Naturalization Papers, Drivers License, GED, High School and/or College diplomas, Military Records [DD-214], etc.).
6. Candidates **MUST** be United States citizens.

7. Candidates **MUST** be high school graduates or hold GED equivalencies.
8. Candidates appointed will be on probation for a period of one (1) year.
9. Candidates **MUST** submit to a medical examination by a qualified physician and meet medical and physical standards.
10. Candidates **MUST** successfully complete the Department of Criminal Justice Services Basic Jail Academy course within the first year of employment.
11. Candidates **MUST** have a valid driver's license.
12. Personnel **MUST** be able to report to work under adverse weather conditions.
13. Candidates **MUST** be willing to work "locked inside" the institution unarmed and in direct contact with inmates.
14. Candidates **MUST** be 21 years of age at the time of hiring.
15. Candidates **MUST** have a good credit rating.
16. Correctional Officers **MUST** maintain prescribed levels of physical fitness, grooming, dress, and appearance.
17. Correctional Officers will be required to work swing shifts, including weekends, holidays, overtime and other hours as determined by the Superintendent.
18. Correctional Officers **MUST** have a telephone where they can be reached.

## **DISQUALIFIERS**

1. Felony Conviction
2. Conviction of a crime involving moral turpitude (a crime involving honesty, moral conduct, etc.)
3. Conviction of a Class 1 or 2 misdemeanor Code of Virginia, or the equivalent.
4. Conviction of a Class 3 or 4 misdemeanor Code of Virginia, or the equivalent. (Evaluated on a case-by-case basis.)
5. Minus 8 points on a Virginia Operators License or the equivalent for out of state license.
6. Conviction of driving under the influence of drugs or alcohol, refusal to take blood or breath test, eluding police, hit and run, or racing.
7. Suspension/Revocation of driving privileges will be reviewed on an individual basis.

8. A positive result produced on a pre-employment drug screening, where the result cannot be explained to the law-enforcement agency satisfactorily.
9. Use of any type of illegal drug within two years prior to application.
10. Illegal use of anabolic steroids in the past 12 months.
11. Involvement in the illegal sales of drugs.
12. Possession of any illicit drugs within the past two years.
13. Dishonorable discharge from any military service. Less than honorable or general discharges will be reviewed on a case-by-case basis.

Qualified candidates will be chosen from an established list as a result of scoring based on application screen, written examination, and oral interview.

Being appointed as a Correctional Officer is a full time position. Medical insurance, vacation, sick leave, state holidays, and retirement through the Virginia Retirement System are available for a successful candidate.

Applications will remain on file for a period of one (1) year only or until such time as they receive notification for an interview. Candidates may re-file their application at the end of a one (1) year period.

***“I am willing to agree to the above conditions of employment and am not disqualified by any of the conditions listed.”***

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(SIGNATURE OF APPLICANT)

(DATE)

The New River Valley Regional Jail is in compliance with the Equal Employment Opportunity Commission (EEOC) and American With Disabilities Act (ADA) as it applies to employment.

**POSITION APPLIED FOR:**

CLERICAL\_\_ CORRECTIONAL OFFICER\_\_ FOOD PRODUCTION SUPERVISOR\_\_ MEDICAL\_\_  
MAINTENANCE\_\_



**APPLICATION FOR EMPLOYMENT**

**NEW RIVER VALLEY REGIONAL JAIL**

108 BAKER ROAD  
DUBLIN, VA 24084  
(540) 643-2000

TODAY'S DATE: \_\_\_\_\_

APPLICANT'S NAME (Print): \_\_\_\_\_  
(Last) (First) (Middle)

ARE YOU KNOWN BY ANOTHER NAME OR NAMES? YES\_\_NO\_\_

IF SO, BY WHAT OTHER NAME(S) ARE YOU KNOWN: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
Number & Street

MAILING ADDRESS IF DIFFERENT: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

IF YOU HAVE NOT LIVED AT THE ADDRESS LISTED ABOVE FOR AT LEAST FIVE (5) YEARS, LIST BELOW PREVIOUS ADDRESSES, YOU HAVE RESIDED AT FOR THE PAST FIVE (5) YEARS. IF YOU HAVE MORE THAN THREE (3) PREVIOUS ADDRESSES, ATTACH SHEETS IN THE SAME FORMAT AS BELOW AND AFFIX SIGNATURE.

(1) \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

(2) \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

(3) \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_  
(# You can be contacted 8 to 4)

CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

## EDUCATION

PLEASE CIRCLE LAST YEAR COMPLETED

HIGH SCHOOL	COLLEGE
9 10 11 12	1 2 3 4 5 6

HIGH SCHOOL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

TRADE OR BUSINESS: \_\_\_\_\_

OTHER: \_\_\_\_\_

**DO NOT** GIVE MILITARY SCHOOLS IN THIS SECTION.

## EMPLOYMENT EXPERIENCE

LIST BELOW, BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB OR UNEMPLOYMENT WORKING BACK **TEN (10) YEARS**, EACH PERIOD OF EMPLOYMENT YOU HAVE AND PERIOD OF UNEMPLOYMENT YOU HAVE HAD. IF YOU WERE DISCHARGED FROM ANY EMPLOYMENT, OR REQUESTED TO RESIGN, SO STATE UNDER "REASON FOR SEPARATION." LIST EACH PROMOTION OR TRANSFER AS A SEPARATE JOB EVEN IF THEY WERE WITH THE SAME EMPLOYER. IF YOU HAVE MORE THAT THREE (3) SEPARATE PERIODS OF EMPLOYMENT, USE ATTACHED SHEETS IN THE SAME FORMAT AS BELOW AND AFFIX SIGNATURE. DO NOT LEAVE ANY TIME PERIODS UNACCOUNTED FOR.

1 EMPLOYER: \_\_\_\_\_

COMPLETE MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

BASIC DUTIES: \_\_\_\_\_

NAME/TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR SEPARATION: \_\_\_\_\_

LAST HOURLY RATE OF SALARY \_\_\_\_\_

\_\_\_ FULL TIME

\_\_\_ PART TIME

2 EMPLOYER: \_\_\_\_\_

COMPLETE MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

BASIC DUTIES: \_\_\_\_\_

NAME/TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR SEPARATION: \_\_\_\_\_

LAST HOURLY RATE OF SALARY \_\_\_\_\_

\_\_\_ FULL TIME                      \_\_\_ PART TIME

3 EMPLOYER: \_\_\_\_\_

COMPLETE MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

BASIC DUTIES: \_\_\_\_\_

NAME/TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR SEPARATION: \_\_\_\_\_

LAST HOURLY RATE OF SALARY \_\_\_\_\_

\_\_\_ FULL TIME                      --PART TIME

ARE YOU PRESENTLY ON A LAY OFF STATUS FROM ANY PREVIOUS EMPLOYERS AND ARE YOU SUBJECT TO RECALL?    \_\_\_ YES                      \_\_\_ NO

HAVE YOU EVER BEEN BARRED OR DISQUALIFIED FROM EMPLOYMENT BY ANY CITY, STATE, OR FEDERAL AGENCY?    \_\_\_ YES                      \_\_\_ NO

## MILITARY INFORMATION

1. HAVE YOU SERVED IN THE ARMED SERVICES?    \_\_\_ YES                      \_\_\_ NO

BRANCH OF SERVICE: \_\_\_\_\_

DATE OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_

MILITARY OCCUPATIONAL SPECIALTY (MOS) \_\_\_\_\_

2. ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVES?    \_\_\_ YES    \_\_\_ NO

# GENERAL INFORMATION

1. HAVE YOU EVER BEEN ARRESTED, OR PLEAD GUILTY, OR NOLO CONTENDERE TO A CRIME? \_\_\_ YES \_\_\_ NO

IF YES, DESCRIBE IN FULL CRIMES AND DATES, DISPOSITION, ARRESTS, AND CONVICTIONS. THEY MAY BE RELEVANT IF JOB-RELATED, BUT WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. NON-DISCLOSURE OF ANY ARREST WILL BE GROUNDS FOR REMOVAL FOR OMISSION OR FALSIFICATION.

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2. HAVE YOU EVER BEEN BONDED? \_\_\_ YES \_\_\_ NO  
IF YES, FOR WHAT JOB(S)/POSITION(S)? \_\_\_\_\_

3. LIST TRADES OF PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER, INCLUDING OFFICES HELD, YOU MAY EXCLUDE THOSE THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORGIN, AGE HANDICAP OR OTHER PROTECTED STATUS.
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4. DO YOU HAVE A CURRENT VA OR OTHER STATE DRIVERS LICENSE?  
\_\_\_ YES \_\_\_ NO IF NO EXPLAIN \_\_\_\_\_

Driver's License No.	State	Date Issued	Exp Date	Class

5. HAS ANY DRIVER'S LICENSE ISSUED TO YOU EVER BEEN SUSPENDED OR REVOKED?  
\_\_\_ YES \_\_\_ NO IF YES, EXPLAIN:

ISSUING STATE: \_\_\_\_\_

WHEN: \_\_\_\_\_

WHY: \_\_\_\_\_

6. HAVE YOU EVER BEEN CONVICTED OF A TRAFFIC VIOLATION? \_\_\_ YES \_\_\_ NO  
IF YES THEY MAY BE RELEVANT, BUT WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.

7. LIST ALL CITATIONS FOR VIOLATIONS OF TRAFFIC LAWS OR REGULATIONS:

\_\_\_\_\_

Date of violation	City/Town/State	Violation/Charge

\_\_\_\_\_

Court Disposition	Date

\_\_\_\_\_

8. ARE THERE ANY RESTRICTIONS ON YOUR LICENSE? \_\_\_ YES \_\_\_ NO

9. DO YOU HAVE ANY OUTSTANDING OR UNPAID TRAFFIC FINES? \_\_\_ YES \_\_\_ NO  
IF YES, DESCRIBE IN FULL \_\_\_\_\_

10. CAN YOU TRAVEL IF SO REQUIRED? \_\_\_ YES \_\_\_ NO

11. DO YOU HAVE YOUR OWN TRANSPORTATION? \_\_\_ YES \_\_\_ NO

12. DO YOU SPEAK, READ OR WRITE ANY FOREIGN LANGUAGES FLUENTLY?  
\_\_\_ YES \_\_\_ NO IF YES, WHAT FOREIGN LANGUAGES?

13. GIVE THE NAMES OF THREE (3) PERSONAL REFERENCES **NOT** RELATED TO YOU OR TO EACH OTHER. **(YOU MUST SUPPLY FULL MAILING ADDRESS)**

1. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

ALL INFORMATION IS SUBJECT TO INVESTIGATION AND VERIFICATION. ALL QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND I UNDERSTAND THAT MY ELIGIBILITY FOR HIRE MAY BE BASED ON A RATING OF THIS APPLICATION. MY SIGNATURE AFFIRMS THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT I UNDERSTAND THAT ANY MISSTATEMENT OF FACT MAY RESULT IN DISQUALIFICATION OR DISMISSAL.

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(APPLICANT'S SIGNATURE)

(DATE)