

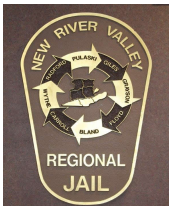
POSITION APPLIED FOR: _____

DEADLINE: _____

☐ FT ☐ PT As Posted

(One per application)

Application Date: _____



APPLICATION FOR EMPLOYMENT

NEW RIVER VALLEY REGIONAL JAIL

108 Baker Road Dublin, VA 24084
(540)643-2000 FAX (540)643-2010

To Applicant: Employees of the New River Valley 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, veteran status, marital status, sex, sexual orientation, gender identity, or age.

Name: _____

Last

First

Middle

Present Address: _____

No.

Street

Telephone: _____

E-mail: _____

City

State

Zip Code

Please check the appropriate block: ☐ Male ☐ Female

EDUCATION/QUALIFICATIONS

Please check highest grade completed ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12High School Diploma? ☐ Yes ☐ No State of Issue _____High School Equivalency Diploma? ☐ Yes ☐ No Date received _____ State of Issue _____Please check number of years of post-high school education ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

Name & Location of Institution	Degree Received	Major or Specialty	Minor	Dates Attended
1.				
2.				
3.				

ADDITIONAL TRAINING (Includes business, trade, armed services, correspondence or night school.)

Name of School	Subject	Duration of Course	Did you Finish?	Certificate Awarded?
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

ADDITIONAL QUALIFICATIONS - Please describe any additional skills or qualifications that are relevant to the position for which you are applying, including any certifications:

Do you have a valid driver's license		☐ Yes ☐ No	State of Issue _____
Do you have a valid Commercial Driver's License		☐ Yes ☐ No	State of Issue _____
List Class	List endorsements, if any		

EXPERIENCE

Starting with the most recent, describe all paid, military and applicable voluntary experience. Highlight the knowledge, skills and abilities that demonstrate your qualifications for this position. Use additional attachments if necessary.

A	Job Title	_____	Duties:	_____
	Employer	_____		_____
	Address	_____		_____
		_____		_____
	Phone	_____		_____
	Type of Business	_____		_____
	Immediate Supervisor	_____	Number employees supervised	_____
	Title	_____	Equipment used	_____
	Salary (Start)	_____	Salary (Final)	_____
	Dates (mm/yy)	_____	To (mm/yy)	_____
		Reason for Leaving	_____	
		Name, if different:	_____	

B	Job Title	_____	Duties:	_____
	Employer	_____		_____
	Address	_____		_____
		_____		_____
	Phone	_____		_____
	Type of Business	_____		_____
	Immediate Supervisor	_____	Number employees supervised	_____
	Title	_____	Equipment used	_____
	Salary (Start)	_____	Salary (Final)	_____
	Dates (mm/yy)	_____	To (mm/yy)	_____
		Reason for Leaving	_____	
		Name, if different:	_____	

C	Job Title	_____	Duties:	_____
	Employer	_____		_____
	Address	_____		_____
		_____		_____
	Phone	_____		_____
	Type of Business	_____		_____
	Immediate Supervisor	_____	Number employees supervised	_____
	Title	_____	Equipment used	_____
	Salary (Start)	_____	Salary (Final)	_____
	Dates (mm/yy)	_____	To (mm/yy)	_____
		Reason for Leaving	_____	
		Name, if different:	_____	

D	Job Title	_____	Duties:	_____
	Employer	_____		_____
	Address	_____		_____
		_____		_____
	Phone	_____		_____
	Type of Business	_____		_____
	Immediate Supervisor	_____	Number employees supervised	_____
	Title	_____	Equipment used	_____
	Salary (Start)	_____	Salary (Final)	_____
	Dates (mm/yy)	_____	To (mm/yy)	_____
		Reason for Leaving	_____	
		Name, if different:	_____	

E	Job Title _____	Duties: _____
	Employer _____	_____
	Address _____	_____
	_____	_____
	Phone _____	_____
	Type of Business _____	_____
	Immediate Supervisor _____	Number employees supervised _____
	Title _____	Equipment used _____
	Salary (Start) _____ Salary (Final) _____	Reason for Leaving _____
	Dates (mm/yy) _____ To (mm/yy) _____	Name, if different: _____

May we contact the employers listed above? ☐ Yes ☐ No

If No, please indicate by letter/number which one(s) you do not wish us to contact: _____

REFERENCES

List three persons who are not related to you who know your qualifications or your character.

Name	Address	Phone	Relationship	Occupation

MISCELLANEOUS

Other than violations committed as a juvenile (under 18 years of age), have you ever been convicted of any violation(s) of the law? ☐ Yes ☐ No

Please note the type of violation(s): ☐ Felony ☐ Misdemeanor ☐ Traffic (moving) violation - excluding minor traffic violations

Description of offense(s): _____

Date of charge(s): _____ Date of Conviction(s): _____ County, City, State of Conviction(s): _____

If more than one offense, please include additional information on an attached plain sheet of paper.

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, upon employment, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. In addition, you will be required to provide documentation to that effect.

Were you previously employed by NRVJRJ? ☐ Yes ☐ No If Yes, When _____

What date will you be available for work? _____

New River Valley 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: _____ Date: _____

☐ Full-Time ☐ Part-Time

How did you find out about this employment opportunity?

- ☐ Internet
☐ NRVJRJ Website
☐ Other (please specify): _____

☐ Newspaper (please specify): _____

☐ Employee Referral

☐ Employment Agency (please specify): _____

☐ Other Source (please specify): _____

☐ Previous Employment

☐ Radio

☐ VEC – (VA Employment Commission)

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

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

CERTIFICATION

I certify that all information provided on this application is true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I understand that all information on this application is subject to verification and I consent to criminal history and driving record background checks, if applicable. I further understand that I may have to pass a physical examination as a condition of my employment and that I may be required to provide a copy of my driving record. You are authorized to execute an affidavit for release of information from references, former employers and educational institutions regarding this application. I hereby release the New River Valley Regional Jail from any/all liability of whatever kind and nature resulting from obtaining and having an employment decision based on such information.

I acknowledge that I have read and understand the above statements and by submission of this application hereby grant permission to confirm the information supplied on this application.

Date

Signature of Applicant

Revised 5/2015

Invitation to Self-Identify

This company is subject to Executive Order 112 46, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about race and gender in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with Federal affirmative action regulations.

Name: _____ Date: _____

Position: _____ Birth Date: _____

☐ MALE ☐ FEMALE ☐ I CHOOSE NOT TO SELF-IDENTIFY

☐ WHITE (not Hispanic or Latino) ☐ BLACK or AFRICAN AMERICAN (not Hispanic or Latino)

☐ HISPANIC OR LATINO ☐ ASIAN (not Hispanic or Latino)

☐ AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)

☐ NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)

☐ TWO or MORE RACES (not Hispanic or Latino)

☐ I CHOOSE NOT TO SELF-IDENTIFY

This company is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

☐ I AM NOT A PROTECTED VETERAN