

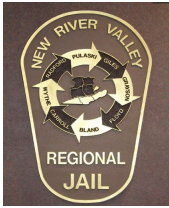
POSITION APPLIED FOR: \_\_\_\_\_

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: \_\_\_\_\_ Telephone: \_\_\_\_\_  
No. Street E-mail: \_\_\_\_\_

City State Zip Code

Please check the appropriate block:  Male  Female DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

#### EDUCATION/QUALIFICATIONS

Please check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

High 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?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No		State of Issue _____
Do you have a valid Commercial Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>A</b>	<b>Job Title</b> _____	<b>Duties:</b> _____
	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: _____

<b>B</b>	<b>Job Title</b> _____	<b>Duties:</b> _____
	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: _____

<b>C</b>	<b>Job Title</b> _____	<b>Duties:</b> _____
	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: _____

<b>D</b>	<b>Job Title</b> _____	<b>Duties:</b> _____
	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: _____

<b>E</b>	<b>Job Title</b> _____	<b>Duties:</b> _____
	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 (please specify): \_\_\_\_\_
  - 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)

- |   |  |
|---|--|
| <input type="checkbox"/> Less than 8th grade                | <input type="checkbox"/> College graduate                            |
| <input type="checkbox"/> Completed 8th grade                | <input type="checkbox"/> Attended graduate school                    |
| <input type="checkbox"/> Attended high school               | <input type="checkbox"/> Master's degree                             |
| <input type="checkbox"/> High school graduate or equivalent | <input type="checkbox"/> Graduate study beyond master's requirements |
| <input type="checkbox"/> Attended college                   | <input type="checkbox"/> Ph.D. or professional degree                |

### **CERTIFICATION**

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**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

## 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