

POSITION APPLIED FOR: \_\_\_\_\_ Application Date: \_\_\_\_\_

FT  PT As Posted (One per application)

**APPLICATION FOR EMPLOYMENT  
VIRGINIA PENINSULA REGIONAL JAIL**

(757) 820-3909 FAX (757) 887-1849

To Applicant: Employees of the Virginia Peninsula 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

**EDUCATION/QUALIFICATIONS**

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/ID <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:	_____

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 VPRJ?  Yes  No If Yes, When \_\_\_\_\_

What date will you be available for work? \_\_\_\_\_

**Virginia Peninsula 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.**

How did you find out about this employment opportunity?

Internet

VPRJ Website Other

(please specify): \_\_\_\_\_

Newspaper (please specify): \_\_\_\_\_

Employee Referral \_\_\_\_\_

Employment Agency (please specify): \_\_\_\_\_

Other Source (please specify): \_\_\_\_\_

Previous Employment

Radio

VEC – (VA Employment Commission)

## 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 Virginia Peninsula 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

# Authorization for Release of Information



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**TO:** Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home or Medical Association

U.S. Armed Forces, Maritime Service, Veterans Association;

Any Academic Dean, Registrar, Principal, Guidance Counselor, or any Authorized person at any: School, College, University, Business School, High School, or Elementary School;

Any Local, State, or Federal Law Enforcement Agency  
Any Past or Present Employer  
Credit Bureau or Retail Merchants Association  
U.S. Selective Service System

I, \_\_\_\_\_,  
**Name** **Address**

have applied for employment with the Virginia Peninsula Regional Jail in Williamsburg, Virginia. I am aware that my background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you may have concerning me (including a transcript of any academic record) to the Virginia Peninsula Regional Jail Authority Investigator, or his/her representative, upon presentation of this release or copy thereof.

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_

*(Completion of this item is optional. Failure to submit social security number on this form will not prohibit employment. Social Security number may be required on other forms prior to employment.)*

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**Applicant's Signature**

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**Date**