

POSITION APPLIED FOR: _____

DEADLINE: _____

FT PT As Posted

(One per application)

Application Date: _____



APPLICATION FOR EMPLOYMENT WESTERN VIRGINIA REGIONAL JAIL

5885 West River Road Salem, Virginia 24153
(540) 378-3700 FAX (540) 380-3143

To Applicant: Employees of the Western Virginia 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

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.

A	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: _____

B	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: _____

C	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: _____

D	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: _____

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 WVRJ? Yes No If Yes, When _____

What date will you be available for work? _____

Western Virginia 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
- WVRJ 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)

- | | |
|---|--|
| <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

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 Western Virginia 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 11246, 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

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 6 of 7

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.
