



**Piedmont Regional Jail Authority**  
Post Office Drawer 388  
Farmville, VA 23901  
(434) 392-1601

## Application for Employment

### *Applicant Information*

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a U.S. Citizen? YES  NO  Date of Birth: \_\_\_\_\_

Have you worked for PRJ in the past? YES  NO  If yes, when? \_\_\_\_\_

Do you have any relatives presently employed at PRJ? YES  NO  If yes, please give name and relationship \_\_\_\_\_

### *Education*

High School: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  GED: \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

***Previous Employment***

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

***Military Service***

Have you ever served in any branch of the Armed Forces of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Organization: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date of separation: \_\_\_\_\_

Type of discharge received: \_\_\_\_\_

Are you currently a member of the National Guard or any military reserve? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe your obligation. \_\_\_\_\_

### ***Additional Information***

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ State of Issue \_\_\_\_\_

Has your license ever been suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ License Number \_\_\_\_\_

Has your license ever been revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

If yes, please give location of court \_\_\_\_\_, dates of suspension \_\_\_\_\_, date of restoration \_\_\_\_\_,  
and reason for suspension/revocation \_\_\_\_\_

### ***Background***

Have you ever been convicted, arrested, or charged with a felony, misdemeanor, or moving traffic violation; whether found guilty or not? *(A conviction does not necessarily mean that you cannot become employed. Please give all the facts so that a decision can be made. Please attach additional paper if needed.)*

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please complete the following:

Offense: \_\_\_\_\_ Date of Offense: \_\_\_\_\_ Location of Court Proceeding: \_\_\_\_\_

Fine or Sentence: \_\_\_\_\_

Have you ever been discharged from any position because of misconduct or unsatisfactory performance?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Have you ever held positions that required supervisory ability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you have a reliable means of transportation to and from work? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you speak any foreign languages? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what language and describe your level of proficiency.

Do you have automobile liability insurance, assigned risk, or certification of compliance with the Uninsured Motor Vehicle Act? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe any extended absences from work. Be sure to explain any gaps in employment history as well.

Have you ever used illegal drugs in any form? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Have you ever had any affiliations with gangs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Most positions at PRJ are scheduled in 8-hour shifts. Are you available to work day, evening and/or nights shifts 7 days per week?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied force, or coercion, if the victim did not consent or was unable to consent or refuse?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied force, or coercion, if the victim did not consent or was unable to consent or refuse?

Yes \_\_\_\_\_ No \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Certification and Signature**

*I certify that this application is a complete record and that all entries and attachments are true and accurate to the best of my knowledge. I understand that falsification, misrepresentation or omission of facts 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, prior employment, and driving record background checks. I understand that I may have to pass a physical examination and drug screening as a condition of my employment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Piedmont Regional Jail

801 Industrial Park Road, Farmville, VA 23901 • (434) 392-1601

## *Voluntary EEO Data*

Federal law prohibits the unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability. PRJ complies with these federal regulations. This information will not be used for hiring purposes and will be stored separate from the application. Responses will be used for statistical data only. Completion of this information is voluntary.

Male \_\_\_\_\_ Female: \_\_\_\_\_ \_\_\_\_\_ I choose not to provide this information.

Race: \_\_\_\_\_ White (Not Hispanic or Latino) \_\_\_\_\_ Black or African American  
\_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Asian  
\_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Native Hawaiian or Pacific Islander  
\_\_\_\_\_ Two or more races  
(Not Hispanic or Latino)

Veteran Status: \_\_\_\_\_ Veteran \_\_\_\_\_ Not a Veteran

## *How did you find out about this job opportunity?*

\_\_\_\_\_ PRJ Website \_\_\_\_\_ Website (Please Specify)  
\_\_\_\_\_ Job Fair \_\_\_\_\_  
\_\_\_\_\_ Employee Referral (Please Specify) \_\_\_\_\_ Other Source (Please Specify)  
\_\_\_\_\_ \_\_\_\_\_

Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Position Applied for: \_\_\_\_\_