



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.: **Not Required, will be asked for later.**

Position Applied for: _____

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

Have you worked for PRJA in the past? YES NO If yes, when? _____

Do you have any relatives presently employed at PRJA? 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Has your license ever been revoked?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 Authority

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. PRJA 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.

I choose not to provide this information

Male

Female

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?

PRJA Website

Job Fair

Other Website (Please Specify)

Employee Referral (Please Specify)

Other Source (Please Specify)

Name: _____

Date of Application: _____

Position Applied for: _____

**PIEDMONT REGIONAL JAIL AUTHORITY
DRIVING RECORD
AUTHORIZATION FOR RELEASE OF INFORMATION**

As a standard procedure required by Piedmont Regional Jail Authority, all individuals who are seeking employment with Piedmont Regional Jail Authority, must process and show proof of a valid driver's license and an acceptable driving record.

In order to obtain your motor vehicle record information, we request that you complete and sign this *Authorization for Release of Information Form*. This information is considered confidential and will be treated as such. The information obtained within your motor vehicle record is limited to our insurance agent(s) and will not be shared with other entities.

After completion of this form, please return with your completed application, to the Human Resources Department at P.O. Drawer 388, Farmville, Virginia 23901.

Driver's Name: _____ Date of Birth _____

State of License Issued: _____

Driver's License Number: (please print clearly) _____

Home Address: _____

Phone Number: _____ Cell Number _____
(daytime)

I certify that the information presented above is true and correct to the best of my knowledge. I authorize Piedmont Regional Jail Authority and its agent(s) to obtain my Motor Vehicle / Driving Record information for the purpose of determining eligibility for employment. This information shall remain on file and shall serve as ongoing authorization for any future motor vehicle record screens.

Signature: _____ Date _____

PIEDMONT REGIONAL JAIL AUTHORITY

**AUTHORITY FOR RELEASE OF INFORMATION FOR
FINGERPRINT-BASED AND NCIC CRIMINAL BACKGROUND CHECK**

I have applied for a position with Piedmont Regional Jail Authority. This designation permits the agency to conduct a fingerprint-based and NCIC criminal history check. Therefore, I hereby authorize any investigator or duly accredited representative of the Piedmont Regional Jail Authority bearing this release, or a copy thereof, to obtain any information from law enforcement/criminal justice agencies and report the results of such search to the designated representative of the agency named above. I direct that such information be released upon request to the bearer of this form. I understand that the information released is for official use by Piedmont Regional Jail Authority.

I submit to fingerprinting and understand that my fingerprints will be sent to the Virginia State Police for a criminal history check.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance, or any attempt to comply, with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that any and all information collected pursuant to this background check may be used in assessing my suitability for the position for which I have applied. The information will not be shared with parties outside of the agency where the position is located. I further understand that I may challenge the results of the background investigation conducted by the Virginia State Police or the Federal Bureau of Investigation and may request information needed to make such a challenge from Piedmont Regional Jail Authority.

Signature (full name):	
Print full name:	
Other names currently or previously used:	
Current address:	
Telephone number:	Date:

By checking this box, you are agreeing to submitting your digital signature above.